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HEALTH DEPARTMENT,
5 SOUTHERNHAY WEST,
EXETER.
Tel. No. 54911.

August, 1960.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH

*To the Right Worshipful the Mayor, Aldermen and Councillors
of the City and County of the City of Exeter.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to report on the health of the City in 1959—a year characterised by a long and dreary though not severe winter, followed by brilliant and prolonged summer sunshine—and on the work of the health services provided by the City Council.

As requested by the Minister, notes have been included on health education, and on the duty arrangements for midwifery, and the details of inspections of factories are included on page 58.

The Registrar General estimates the City's mid-year population at 77,400, shewing an increase of 500, the first he has credited the City with since 1955. The natural increase was 104. The Census of 1961 will give us a fresh baseline.

The adjusted birth rate (14.7 per 1,000 population) and the adjusted death rate (11.1 per 1,000 population) were both lower than in 1958. The infant death rate (15.5 per 1,000 live births) was the lowest ever, but unhappily the stillbirth rate (29.9 per 1,000 live and stillbirths) was high, having been exceeded only once in the past ten years. The perinatal death rate (41.1 per 1,000 live and stillbirths) was also high. During 1959, of every 100 deaths in Exeter people, 7 were due to infection, 16 to strokes, 18 to cancer, 35 to heart disease (including 15 ascribed to coronary thrombosis), and the rest to other causes: of every 100 deaths, 3 were in persons under 15 years of age, 23 in persons between 15 and 65 years, and 74 in persons over 65 years.

Cancer of the lung caused 38 deaths, the highest number yet recorded in the City: almost half of these were in persons between 45 and 65 years of age. We do not do enough in cancer education.

Suicides were distinctly fewer than in 1958, but accidental deaths were much more numerous, 34 against 21 in 1958.

We had no serious outbreaks of disease, and no diphtheria or poliomyelitis cases. Of course, the incidence of infectious disease is not the only nor indeed the main criterion of community health.

The Chest X-ray Survey in May and June was well worth while ; three-quarters of Exeter's residents over 15 years of age were chest X-rayed and up to the end of the year, 36 active respiratory tuberculosis cases had been found as a direct result of the Survey ; 29 of these were infectious. With few exceptions, they had had no intention of seeking medical advice at the time : reactivation of old disease considered cured was found in 2 instances. Tribute should be paid to the great efforts put in by the Chairman of the Central Committee (Councillor Mrs. M. Nichols) and by the large number of volunteers, the local Press, the Mass X-ray Service and your Health Department staff.

Slum clearance continued and Clearance Orders affecting 90 houses in 14 areas were declared. During the year, confirmation of 3 Orders, dealing with 19 houses, was received from the Ministry of Housing and Local Government.

Real progress has been made in smoke control—not so much through Smoke Control Orders, because none of the 3 Orders already made by the Council had been confirmed at the year end, but inasmuch as the public is appreciating the need for smoke control. The bye-law, which the City adopted in 1958, requiring that no heating or cooking apparatus incapable of burning approved smoke-reducing fuels shall be installed in new premises (with certain exceptions), is sure to be beneficial and will make easier the subsequent declaration of smoke control areas. In December, the Chief Public Health Inspector and I submitted a Report, shewing the estimated cost to the Council of securing, where necessary, in all the houses in the City, the conversion of heating appliances to types capable of burning the approved fuels ; it was higher than might have been expected. The Public Health Committee, after considering this report, suggested that the Council should adopt as a principle that within 15 years the whole City should be made smoke-controlled, and that all new developments of 50 or more houses should be declared smoke control areas. Though sympathetic, the Council referred the proposal back for further consideration ; a less rigid time-table was considered likely to command more general support. Overall the economic benefit of smoke control will be very great and will well repay the immediate expenditure ; the rewards in health and cleanliness are undisputed.

A great deal of discussion during the year about the building of a new City abattoir ended in the Council deciding to build the abattoir though not necessarily to manage it : at the time of writing, progress has been made in its actual planning.

The possibility of the Council's utilising the Royal Devon and Exeter Hospital mortuary in place of the present public mortuary, which is not satisfactory, was discussed with the Regional Hospital

Board and the Exeter and Mid-Devon Hospital Management Committee, but no conclusions were reached.

The Ministry of Health has during 1959, approved modifications in the Council's proposals under the National Health Service Act so as to allow air ambulance transport where needed, and to extend B.C.G. vaccination, already available to the 13 year olds, to certain older children and to students in the University and Training Colleges. The Council also submitted proposals to establish a yellow fever vaccination centre in the City (approved 1960).

Decentralisation of the Health Visiting Service is continuing and more effective co-operation with family doctors is steadily progressing.

After consideration of the Working Party's report on home nurse training, it was decided to continue in our training school, for the present at any rate, the alternative training syllabus of the Queen's Institute leading to admission to the Queen's Roll and to the National Certificate, and covering four months or six months, depending on previous qualifications, instead of three months or four months, as is now possible. We have a full Queen's staff and have no problem in getting pupils for either home nurse or midwifery training. Less work is being undertaken by the home nurses by way of injections (insulin and anti-biotics), and on the whole, the nursing is, therefore, per case, becoming heavier : more and more the care given is approaching Florence Nightingale's far-sighted concept of "total nursing care."

The Council decided to purchase 15, Howell Road, which adjoins our present Nurses' Home, as an extension of the accommodation.

Early in the year the Cranbrook Report on the Maternity Services was issued and a report was submitted to the Health Services Committee on the Council's maternity services and their co-ordination with those provided by hospitals and family doctors. Our Part II Midwife training school (whose association with the City Hospital is proving satisfactory) and our free home help scheme for mothers ill during pregnancy, are important elements in the local maternity services. 39% of Exeter mothers are confined at home.

The Health Services Committee asked the Council to build a new ambulance station, which is badly needed, and this is under consideration.

Chiropody was the subject of another report ; financial provision has been made for further developments in 1960/61. In my view, the most satisfactory way of dealing with this very real need in the care of old people and certain other groups is through a service provided by the Local Health Authority.

It is often said that little or nothing is being done to protect children against tetanus, but in the City in round terms, 3 out of every 4 children under 1 year of age in 1959 were immunised

against tetanus (as well as against diphtheria and whooping cough).

1959 will for long be a landmark in that the Mental Health Bill incorporating much that was recommended by the Royal Commission on Mental Health legislation, requiring good community care of mentally disordered persons and informality in admission to hospital of such persons in need of hospital care, was passed by Parliament. After careful deliberation by the Health Services Committee, the Council made proposals under the National Health Service Act, envisaging staff extension and the establishment of a comprehensive community mental health centre : it was known that premises suitable for the purpose were shortly to be in the market. These proposals have since been approved by the Minister. At the request of the Health Services Committee and the Welfare Committee, the Council also decided to include within its building programme the provision of a hostel for elderly mentally disordered old people (the " senile "). This hostel will be within the Welfare Authority's control, certain reservations having been agreed about management, designed to ensure that the medical aspects of admission and discharge will be safeguarded.

On pages 24 to 38 are described the findings of (i) an enquiry into home accidents in children in Exeter in 1959, and (ii) a survey of child cases of burns and scalds admitted to the Royal Devon and Exeter Hospital from 1953 to 1959.

I thank all my staff for their loyal service throughout the year. As usual, the heads of all the sections of the Department have contributed material for this Report.

I value greatly the help given to the department by the family doctors, the hospital staffs, the Executive Council staff, the Chief Officers of the Council, and the local Press. The City's Health Department cannot function in isolation : it needs help from others, expert in their own fields, just as it can give help. But even more important is the recognition by the community that the Health Department is part of itself and anxious to be of service. The Council and the City it serves and rules, must be at one in health promotion, if much is to be achieved. The Mass X-ray Campaign in 1959 exemplified that unity in no uncertain way.

It remains now only to thank you, Mr. Mayor, Ladies and Gentlemen, and in particular, the Chairman and Members of the Public Health and Health Services Committees, for your courtesy and encouragement throughout the year.

I am,

Your obedient servant,

E. D. IRVINE.

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

ALDERMAN CHAS. WOODLAND.

PUBLIC HEALTH COMMITTEE

Chairman—

COUNCILLOR H. T. HOWE.

Deputy Chairman—

COUNCILLOR R. SIM.

Alderman R. H. CREASY.

Alderman C. REW.

Councillor W. N. BOORNE.

Councillor W. H. BUTCHER.

Councillor T. B. H. CHAPPELL.

Councillor A. W. COWLING.

Councillor C. C. M. FORCE.

Councillor H. G. J. GRACE.

Councillor P. HILTON.

Councillor Mrs. M. NICHOLS.

Councillor A. S. WEBBER.

Councillor R. J. WILLIAMS.

HEALTH SERVICES COMMITTEE

Chairman—

COUNCILLOR MRS. M. NICHOLS.

Deputy Chairman—

COUNCILLOR W. N. BOORNE.

Alderman R. H. CREASY.

Alderman C. REW.

Councillor R. E. C. BOARD.

Councillor T. B. H. CHAPPELL.

Councillor A. W. COWLING.

Councillor F. H. GUSCOTT.

Councillor H. T. HOWE.

Councillor W. HUNT.

Councillor W. A. REDFERN.

Councillor Mrs. F. M. VINING.

Councillor Mrs. E. J. WHITWORTH.

Councillor Mrs. R. M. WICKINGS.

Co-opted Members—

Dr. LEWIS COUPER.

Mrs. L. M. INCH.

Dr. H. G. MAGILL.

Mrs. A. ROBB.

Mrs. A. T. SOPER.

(2 vacancies).

Town Clerk—

C. J. NEWMAN, ESQ., O.B.E.

STAFF.**PUBLIC HEALTH OFFICERS OF THE AUTHORITY.****(a) Medical.**

Medical Officer of Health and Principal School Medical Officer.

EDWARD D. IRVINE, M.D. (Liv.), M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer.

G. P. McLAUCHLAN, M.B., CH.B., (Ed.) D.P.H., D.C.H.

Assistant Medical Officer of Health and School Medical Officer.

IRIS V. I. WARD, M.D. (Lond.), M.R.C.S., L.R.C.P., D.C.H.

Assistant Medical Officer of Health and School Medical Officer.

†CHARLES H. J. BAKER, M.R.C.S., L.R.C.P., D.P.H. (Lond.)

Chest Physician (Part-time).

ROBERT P. BOYD, M.B., CH.B., D.P.H. (Glas.), F.R.F.P.S.G.

Principal Dental Officer.

†J. C. LAWSON, L.D.S., R.C.S. (Eng.)

Dental Officers.

†R. B. MYCOCK, L.D.S. (Bris.)

†M. RADFORD, B.A., L.D.S., R.C.S. (Eng.)

†K. S. CHAMBERS, L.D.S., R.C.S. (Eng.). (Resigned 4.7.59).

†Mrs. R. M. BLOOD. (From 1.9.59).

(b) Others.

Chief Public Health Inspector and Officer under the Food and Drugs Act, etc.

*F. G. DAVIES, F.R.S.H., F.A.P.H.I., A.M.I.P.H.E.

Deputy Chief Public Health Inspector.

*DENNIS MAYNARD, F.A.P.H.I., M.R.S.H.

Public Health Inspectors.

*A. C. LEWIS.

*L. G. HOPES.

*D. PECKHAM.

*†R. G. WEBB.

*J. T. BROWN.

Public Analyst.

T. TICKLE, B.SC., F.I.C.

† Duties mainly in connection with the Education Committee.

* All qualified Public Health Inspectors and Meat Inspectors.

† Smoke Certificate.

Superintendent Health Visitor.

MISS C. M. WILKINSON, S.R.N., S.C.M., H.V. Cert.

Health Visitors and School Nurses.

MISS L. M. BARRETT, S.R.N., S.C.M., (Pt. 1) H.V. Cert.

MISS G. M. BASTOW, S.R.N., S.C.M., (Pt. 1), H.V. Cert.

MISS B. BRAZIL, S.R.N., S.C.M., H.V. Cert.

MISS Y. CASELLI, S.R.N., R.F.N., S.C.M., H.V. Cert.

MRS. K. DUNHAM S.R.N., S.C.M., (Pt. 1), H.V. Cert.

MISS A. H. EDDS, S.R.N., S.C.M., H.V. Cert.

MISS P. HORNE, S.R.N., S.C.M. (Pt.1), H.V. Cert.

MISS H. SHEWAN, S.R.N., S.C.M., (Pt. 1), H.V. Cert.

MRS. E. STANNARD, S.R.N., S.C.M., H.V. Cert.,
Public Health Inspector's Cert.

MISS L. E. WATHEN, S.R.N., S.C.M., H.V. Cert.

Tuberculosis Visitor.

MISS A. DAWSON, S.R.N., S.C.M., (Pt. 1), H.V. Cert. B.T.A.

Non-Medical Supervisor of Midwives (Part-time).

MISS L. REYNOLDS, S.R.N., S.C.M., H.V. Cert., Q.N.

Day Nursery—Matron.

MISS J. BRYAN.

Organiser, Domestic Help Service.

MISS M. DAVIES, S.E.A.N.

Mental Health Services.

Senior Mental Welfare Officer.

W. H. A. WESTON, Dip. in Sociology (London).

Psychiatric Social Worker (Part-time).

MRS. M. C. JENKIN, B.A. (Left 31.10.59).
(1 vacancy)

Mental Welfare Officers.

L. N. CLARK, R.M.P.A.

E. J. LOCK.

Children's Occupation Centre, Supervisor.

MRS. A. M. HORTON, Dip. N.A.M.H.
(3 assistants)

Adult Training Centre (Women), Supervisor.

MRS. E. WOOD.
(1 assistant)

Adult Training Centre (Men), Supervisor.

W. J. CHANNON.

Chief Administrative Assistant.

R. W. STILES, N.A.L.G.O. Cert.

Administrative Assistant.

R. TAYLER, D.M.A.

Clerical Staff.

G. H. WHITLEY.

F. J. WREFORD, D.P.A.
(Left 1.6.59).

G. A. GIBSON.

Mrs. M. M. PAYNE.

Mrs. J. BURNETT.

M. BOYCE
(From 20.7.59, left 31.12.59).

R. PETTITT (Left 11.4.59).

F. ELLIOT (Left 11.4.59).

B. R. BOND.

A. DUMPER.

I. COX.

Miss M. CROXFORD
(From 13.5.59).Mrs. R. K. JOHN
(From 20.4.59, left 1.8.59).Miss J. SCOTT
(From 10.8.59).

Miss J. M. PLUMER.

Miss E. L. BARRINGER.

Miss L. EVELEIGH
(Left 30.11.59).Miss S. M. BROWSE
(From 1.12.59).

Miss C. M. DUNN.

*Miss D. M. E. BARROW.

*Mrs. M. J. GRIGG.

*Mrs. D. MAUNDER.

*Mrs. M. CASH.

*Part-time, temporary.

Principal Officers (Staff) of Voluntary Associations Acting as Agents of the City Council.*Exeter Maternity and District Nursing Association.**Superintendent*—MISS E. M. BRYANT, S.R.N., S.C.M., Q.V.D.N.A.*Secretary* — MRS. S. M. WALSH.*St. John Ambulance Association.**Organising Secretary* — CAPTAIN F. G. IRELAND.*Exeter Diocesan Association for the Care of Girls.**Social Worker* — MISS P. M. KEVAN.**GENERAL STATISTICS**

Area in acres	....	....	....	....	....	9,137
Population (1951 Census)	....	....	....	....	....	75,513
Population (Estimated Civilian) Mid-June 1959	....	....	....	....	....	77,400
Rateable Value	....	....	....	....	....	£1,665,579
Sum represented by a penny Rate	....	....	....	....	....	£6,905

VITAL STATISTICS

Population (1959, mid-year estimate, Registrar General) 77,400

	RATES	
	<i>Exeter.</i> 1959	<i>England and Wales.</i> 1959†
Live Births, 1,133.		
Legitimate, total 1,070 ; male 548, female 522		
Illegitimate, total 63 ; male 34, female 29		
Live Birth Rate (crude) per 1,000 population	14.6	16.5
Live Birth Rate (adjusted) per 1,000 population	14.7*	
Stillbirths, 35 (19 male, 16 female)		
Stillbirth Rate per 1,000 total (live and stillbirths)	29.9	21.0
Total Live and Stillbirths, 1,168		
Infant Deaths, 18 (Legitimate : 7 males, 10 females, illegitimate 1 female)		
Infant Mortality Rate per 1,000 live births (Legitimate 15.8, illegitimate 15.9)	15.8	22.2
Neonatal Mortality Rate per 1,000 live births	12.3	15.8
Illegitimate Live Births per cent of total live births, 5.5		
Maternal Deaths (including abortion) 2		
Maternal Mortality per 1,000 live and stillbirths	1.7	0.38
Perinatal Mortality Rate	41.1	34.2
Deaths : 1,029. Male 469, female 560		
Death Rate (crude) per 1,000 population	13.3	11.6
Death Rate (adjusted) per 1,000 population	11.1*	
Tuberculosis Mortality Rate per 1,000 population (Pulmonary 18 (4 males, 4 females)) (Non-Pulmonary 1 (1 male))	0.116	0.08
Deaths from Measles (all ages)	Nil.	11.88
„ „ Whooping Cough (all ages)	Nil.	0.73
„ „ Gastro-enteritis (under 2 years of age)	Nil.	—
„ „ Diphtheria (all ages)	Nil.	6.00
Marriages : 627		
Persons marrying per 1,000 population	16.2	15.0

* Adjusted by the use of the Registrar General's comparability factor to allow for the age and sex constitution of the population. (0.84 for death rate, 1.01 for birth rate).

† Provisional figures.

OCCUPATIONS

Miss I. E. Priaulx, Manager of the Exeter Employment Exchange tells me that there has been no radical change in the employment situation during 1959. The total in insured occupations remains between 43 and 44 thousand, with Service Industries tending to increase more than Manufacturing Industries.

After the usual period of higher unemployment during the early months of the year, which was aggravated last year by some short time working, trade improved rapidly in the Spring and by June the number of unemployed was the lowest it had been for some years—(1.7 against the national figure of 1.9). The long fine summer helped to maintain this good position well into the Autumn and it was not until November that there was any noticeable rise in the unemployed register. Even then, the figure at the end of the year was appreciably less than in December, 1958, and it was matched with a greater demand for workers.

Speaking generally, the employment situation has been reasonably good and fit young men and women have encountered little difficulty in securing work. Unfortunately there is still the problem of older people and the less able, for whom it is not easy to obtain permanent work.

VITAL STATISTICS.

The following table (Table I) provides some statistical information covering a period of ten years :—

Table I.
MID-YEAR POPULATION. (Registrar-General's estimates).

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Exeter	77,260	76,200	76,600	76,700	76,900	77,100	77,000	76,900	76,900	74,400

NOTIFICATION OF BIRTHS

1,798 notifications of live births, 687 referring to mothers not living in the City, were received during the year ; only 4 notifications were made by doctors or relatives, all the rest being made by midwives.

BIRTH RATE.

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Live Birth Rate : England and Wales	15.8	15.5	15.3	15.5	15.2	15.0	15.7	16.1	16.4	16.5
Live Birth Rate : Exeter *	14.6	14.4	14.4	15.0	14.3	14.5	14.0	15.2	15.1	14.6
Percentage of illegitimate live births to total live births : (Exeter)	5.3	6.6	6.3	5.2	6.2	6.2	4.3	4.8	5.4	5.5

*Recorded or crude rate.

Birth Rate (1959), corrected by applying the Registrar General's correction factor (1.01) = 14.7

ERRATA

ANNUAL REPORT 1959

- Page 12. Mid-year population, (1959) should read 77,400 *not* 74,400.
- Page 15. Table IV (8th Column), 1958 Neo-natal deaths should read 18 *not* 19.
- Page 15. Accidental Death—(3rd line) should read 11 more than in 1958, *not* 9.
- Page 24. Home Accidents in Children, para. (1), date should read 1958 *not* 1959.
- Page 28. Home Accidents in Children—Burns should read 7 *not* 8.
- Page 117. Table XXII, Poliomyelitis—Number of registrations should read (total 16,804) *not* 19,804.

DEATH RATE.

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
England and Wales	11.6	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7	11.6
Exeter										
Crude	12.1	13.9	12.0	13.2	12.9	12.4	13.3	11.8	13.6	13.3
Corrected*	10.9	12.5	10.8	11.8	11.1	10.6	11.9	10.4	11.8	11.1

*Corrected by application of the Registrar-General's comparability factor (which is at present 0.84); this factor takes into account the age and sex distribution in the city as compared with that in the country as a whole.

The death rate per 1,000 of the estimated mid-year population at 13.3 (crude) and at 11.1 (corrected, to allow for the age and sex distribution of the population in the City as compared with that of the population in the country as a whole) was slightly lower than last year. 69 deaths (7%) were due to infection, 183 (18%) to cancer, 588 (57%) to other degenerative causes, and 189 (18%) to other causes. Just under 3 in 4 of all the deaths were in persons of 65 years or over.

Cancer of the lung caused 38 deaths—the highest number yet recorded here—and of these just under half (17) were in persons between 45 and 64 years of age ; all but one of the rest were over 65. Suicides (6) were distinctly fewer than in 1958 (12 deaths), but accidental deaths numbered 34 against 21 in 1958.

Table II.

DEATHS BY SEX, AND CERTAIN AGE GROUPS.

DEATHS AT :	1959			1958			1957		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
0—14	29	14	15	26	13	13	25	13	12
15—64	241	137	104	233	125	108	222	135	87
65 and over	759	317	442	787	351	436	666	291	375
	1,029	468	561	1,046	489	557	913	439	474

DEATHS AT ALL AGES.

CAUSE :	1959				1958				1957			
Infective	69	....	....	47	....	....	....	59	....
Cancer	183	....	....	169	....	....	....	154	....
Degenerative	588	....	....	623	....	....	....	511	....
Others	189	....	....	187	....	....	....	189	....
TOTAL	1,029	....	....	1,046	....	....	....	913	....

In this table : " Infective " includes Causes 1—9 and 22, 23 and 27.
" Cancer " includes Causes 10—15.
" Degenerative " includes Causes 16—21 and 29.
" Others " all the rest of the 36 Causes given in the Registrar-General's short classification of causes of deaths.

Table III.
DISTRIBUTION OF DEATHS BY AGE AND CAUSE.
REGISTRAR-GENERAL'S FIGURES 1959.

	Under 1		1-4*		5-14*		15-24*		25-44*		45-64*		65-74*		75 and over		Total		GRAND TOTAL	1958 TOTALS
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
Tuberculosis, respiratory	—	—	—	—	—	—	—	—	1	1	2	2	1	—	—	1	4	4	8	6
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	3
Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	2	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	—	—	6	1	6	5	2	5	14	11	25	22
Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	1	—	14	3	12	—	6	2	33	5	38	29
Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	1	1	8	5	2	2	1	1	16	17	20
Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	5	5	11
Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	—	1	1	15	11	17	9	17	19	51	42	93	104
Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	1	—	—	1	1	—	2	—	4	1	5	3
Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	9
Vascular lesions of nervous system	—	—	—	—	—	—	—	—	—	—	7	8	16	34	26	68	50	111	161	171
Coronary disease, angina	—	—	—	—	—	—	—	—	5	—	34	8	33	15	27	35	99	58	157	170
Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	1	3	2	7	5	11	8	21	29	26
Other heart disease	—	—	—	—	—	—	—	—	1	—	6	6	13	15	50	86	70	108	178	184
Other circulatory disease	—	—	—	—	—	—	—	—	—	—	3	3	2	5	11	29	17	37	54	50
Influenza	—	—	—	—	—	—	—	—	—	—	1	1	1	3	9	9	6	14	20	2
Pneumonia	—	—	—	—	—	—	—	—	—	—	1	3	2	2	6	12	14	20	34	28
Bronchitis	—	—	—	—	—	—	—	—	—	—	5	5	5	2	4	9	14	16	30	51
Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	2	1	2	2	2	2	6	2	8	7
Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	4	1	3	1	2	2	9	5	14	6
Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3	7
Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	—	2	3	5	5
Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	5	7	7	13
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	12	7
Other defined and ill-defined diseases	2	5	1	1	2	—	—	—	—	—	2	1	—	—	—	—	5	7	12	76
Motor vehicle accidents	5	5	1	—	—	—	—	—	2	3	—	12	9	—	8	24	24	54	78	4
All other accidents	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	9	1	10	17
Suicide	—	—	—	—	—	—	—	—	—	—	4	3	2	—	3	8	11	13	24	12
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	2	2	4	6	1

*Throughout this report in the age tables, 1-4 means over 1 year but under 5 years, 5-14 means over 5 years but under 15 years and so on

ACCIDENTAL DEATH

In 1959, the Registrar General ascribed 24 deaths to accidents other than motor vehicle accidents. Our classification of the accidental deaths, however, shews 26 deaths (9 more than in 1958) due to accidents other than motor vehicle accidents; viz: by drowning 6 deaths (1 boy and 5 men), by falls 11 deaths (6 in the home, 3 in hospital and 2 elsewhere): 8 of these deaths were of persons over 70 years of age; 3 aged women died from carbon monoxide poisoning; others included:— by cycle accident (1); by railway accident (1); by poisoning (1); by other miscellaneous causes (3).

The Registrar General ascribed 10 deaths (9 in males, 1 in females) to motor vehicle accidents, but we can only trace 9, three of these being motor car accidents and the remainder motor cycle accidents (6) all being young persons under 32; the youngest, aged 3, was knocked down by a motor van.

DEATHS IN HOSPITALS, ETC.

519 or 51% of the deaths of Exeter residents occurred in hospitals and nursing homes; 55 of these were in nursing homes.

MORTALITY IN CHILD-BEARING AND INFANCY.

The following composite table gives useful information regarding child-bearing and infancy for the past 21 years:—

Table IV.

MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER
1939 — 1959.

Year	Maternal Deaths	Maternal Mortality Rate	Registered		Live Birth Rate	Stillbirths Rate per 1,000 total births	Neonatal Deaths (i.e. under 1 month)	Deaths over 1 month and under 1 year	Infant Mortality Rate per 1,000 live births	Stillbirths and neonatal deaths	Perinatal Death Rate*	5 year average centred on year concerned
			Live Births	Still-Births								
1939	3	3.1	936	37	13.4	38.0	24	16	42.1	61	63	69
1940	2	1.8	1,012	37	13.7	33.7	26	15	38.7	63	60	66
1941	5	4.1	1,027	35	12.8	32.9	42	37	68.0	77	73	62
1942	3	2.7	1,065	31	14.4	29.2	32	21	49.8	63	57	60
1943	3	2.8	1,051	35	15.3	32.2	35	16	48.5	70	64	58
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63	46	53
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66	52	52
1946	4	2.7	1,444	42	19.8	28.3	45	25	48.5	67	45	48
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81	55	48
1948	2	1.5	1,316	42	17.5	30.9	15	9	18.2	57	42	46
1949	1	0.8	1,192	31	15.6	25.3	25	5	25.2	56	46	47
1950	1	0.9	1,130	22	14.6	19.1	28	8	31.8	50	43	44
1951	—	—	1,098	33	14.4	29.1	24	9	30.0	57	50	45
1952	1	0.9	1,101	27	14.4	23.9	18	6	21.8	45	40	46
1953	—	—	1,152	20	15.0	17.0	36	12	41.6	56	48	45
1954	—	—	1,102	41	14.5	35.0	17	12	26.3	58	51	42
1955	1	0.9	1,115	26	14.6	22.8	12	7	17.0	38	36	41
1956	—	—	1,021	20	14.2	18.2	22	10	29.6	42	36	37
1957	—	—	1,171	24	15.2	20.1	19	2	17.9	36	34	35
1958	1	0.8	1,163	23	15.3	19.4	19	2	17.2	35	32	
1959	2	1.7	1,133	35	14.7	29.8	14	4	15.5	49	41	

*Perinatal deaths here include stillbirths and deaths within 28 days of birth except since 1955. Stillbirths and deaths within 7 days of birth only have been included in those 5 years.

MATERNAL DEATHS, 1959.

There were 2 maternal deaths in 1959.

(1) A primipara aged 32—delivered at home on 22.11.59. Ante-natal care had been adequate and the mother co-operative ; she died from pulmonary embolism—embolectomy being performed ; she had had varicose veins of the leg.

(2) A multipara (9) aged 39 yrs.—had a raised blood pressure in her 10th pregnancy. She rested in bed at home, and the district midwives visited her since she refused to go to the clinic or later to an obstetrician on account of a persistent breech presentation ; the baby (born as a breech) died on the 4th day and on the 7th day the mother became ill and unconscious and died after transfer to hospital, from cerebral thrombosis.

INFANTILE MORTALITY.

The following table shows the infantile mortality rate in Exeter for the past ten years compared with the country as a whole :—

Table V.

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
England and Wales	29	29.6	27.6	26.8	25.5	24.9	23.8	23.0	22.5	22.0
Exeter	31.8	30.0	21.8	41.6	26.3	17.0	29.6	17.9	17.2	15.5

LOSS OF CHILD LIFE.

(Much of the information in this Section (prepared by Dr. I. V. WARD) is set out here for medical record purposes and some of the terms used may not be readily understood by non-medical readers).

INFANT DEATHS, 1959.

There were 18 infant deaths in 1959 representing an infant death rate of 15.8 per 1,000 live births.

NEONATAL DEATHS. 14 of the deaths occurred in the neonatal period (i.e. the first four weeks of life), 13 of them being perinatal deaths, i.e. within the first week of life : 7 deaths occurred on the first day and 4 on the second.

9 of those dying within the first week of life were premature infants ; 7 were born in hospital and 2 at home, one of the latter dying of multiple congenital defects 20 minutes after birth, before it could be transferred to hospital. The smallest weighed 1 lb. 6 ozs. and the largest 5 lbs. 6 ozs.

Causes of Neonatal Deaths :

6 deaths were due to congenital malformations, some of them being multiple and severe.

4 deaths were due to respiratory failure, all 4 cases being delivered by Caesarean Section. 3 of these showed evidence of hyaline membrane in the lungs.

2 deaths were due to prematurity, the birth weights being 1 lb. 6 ozs. and 1 lb. 8 ozs., living 1 hour and 2 hours respectively—both admitted as “inevitable abortions,” but the babies were born alive.

2 deaths were due to birth injuries (cerebral), one a forceps delivery, the other a breech in a toxæmic mother, who died from cerebral thrombosis during the puerperium.

Deaths at over 1 month and less than 1 year. There were 4 deaths in this group; 3 of the children showed severe congenital abnormalities, including 1 mongol child; the cause of death in the fourth child was peritonitis, following obstruction of the bowel.

The total picture is :

	Cases
Congenital abnormality	9
Respiratory	4
Birth Injury	2
Prematurity	2
Peritonitis	1

STILLBIRTHS, 1959.

There were 35 stillbirths in 1959 giving a stillbirth rate of 29.9 per 1,000 live and stillbirths. The figure for England and Wales is 20.7.

PREMATURE STILLBIRTHS.

17* of the stillbirths were premature, weighing 1 lb. 4 ozs. to 5 lbs. 8 ozs. 6 of them weighed 2 lbs. or less, 4 of the premature stillbirths were cases of intra-uterine death. Causes of stillbirth in these 17 cases were :—

Toxaemia	7
Congenital abnormality	3
Placental insufficiency	1
A.P.H.	1
Difficult Labour	1
Cord round neck	1
Not known	3
	<u>17*</u>

*Additionally one stillborn baby born in hospital was believed to be premature but was not weighed; the cause was rhesus incompatibility, congenital abnormality and placenta praevia with ante partum haemorrhage; this is included in Table VIII.

12 were born in hospital and 5 at home. Post mortem examinations were carried out in 2 cases. There were complications of pregnancy in 12 cases and complications of labour in 4 cases (1 twin, 1 breech presentation and 2 forceps deliveries); of the 7 cases of toxæmia 5 were sufficient severity to be classed as pre-eclamptic toxæmia, one being in a 10th pregnancy. All 7 toxæmia mothers were delivered in hospital.

Table VI.

INFANT DEATHS IN 1959

CAUSES OF DEATH	Total	NEONATAL				1st YEAR		Male	Female	Legitimate	Illegitimate	Post Mortem Examination Made	Premature	Complications in Pregnancy.	Complications in Labour	PLACE IN FAMILY						
		Under 1 day	*1—28 days	1-3 months	3-12 months	1	2									3	4	5	6	10		
Congenital Abnormality	9	2	4	2	1	3	6	9	0	5	4	5	2	5	2	5	2	—	1	1	—	—
Respiratory	4	2	2	—	—	4	—	4	—	3	3	2	4	2	4	1	1	1	—	1	—	—
Prematurity	2	2	—	—	—	—	2	2	—	2	2	2	—	2	—	—	—	1	1	—	—	—
Birth Injury	2	1	1	—	—	—	2	2	—	2	—	2	2	1	2	1	—	—	—	—	—	1
Peritonitis	1	—	—	1	—	—	1	—	1	—	1	1	—	—	—	—	1	—	—	—	—	—
TOTALS	18	7	7	3	1	7	11	17	1	13	9	10	8	10	8	7	4	1	2	3	—	1
		18				18		18		18						18						

*Over 1 and under 28 days.

Table VII.
STILLBIRTHS, 1959

WEIGHT	Total	Male	Female	Born Home	Born Hospital	Complicd. Pregnancy	Complicd. Labour	Post Mortem	Legitimate	Illegitimate	CAUSES						
											Toxaemia	Cong. abnormal	A.P.H.	Diff. labour and Birth Injury	Cord Accident	Not known	Plac. Insuff.
3 lbs. 4 ozs. or under	8	4	4	4	4	5	—	—	8	—	3	3	—	—	2	—	
Over 3 lbs. 4 ozs. to 5 lbs. 8 ozs.	9	5	4	1	8	7	4	2	7	2	4	—	1	1	1	1	
Over 5 lbs. 8 ozs.	17	9	8	1	16	11	8	7	15	2	3	2	—	4	1	3	
Not Weighed	1	—	1	—	1	1	1	—	1	—	—	1	—	—	—	—	
Totals	35	18	17	6	29	24	13	9	31	4	10	6	1	5	2	6	

35

Table VIII.
PREMATURE LIVE AND STILLBIRTHS, 1959.

Notified Premature Stillbirths		Weight		Born at		Survivors at end of 1959	Deaths during 1959—Age at death.				Believed most significant causes of Prematurity.					
Born at home	Born in hospital	Over	Up to and inclg.	Home	Nursing Home		Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Over 4 weeks	Full-Term, Small	Multiple Birth	A.P.H.	Toxaemia	Placental abnormalities	Congenital abnormalities
4	4	—	3 lbs. 4 ozs.	—	—	1	2	—	—	—	—	—	2	1	—	—
—	3	3 lbs. 4 ozs.	4 lbs. 6 ozs.	1	—	13	1	2	—	—	—	2	—	2	1	3
—	—	4 lbs. 6 ozs.	4 lbs. 15 ozs.	5	—	22	2	—	—	—	—	—	1	2	5	2
1	5	4 lbs. 15 ozs.	5 lbs. 8 ozs.	16	—	48	—	2	—	—	10	2	—	3	4	—
—	1	Not weighed														
5	13	TOTALS		22	—	84	5	4	—	—	10	4	3	8	10	5
18				93			9				93					

The 3 abnormal infants were all anencephalic, 2 of them being very small—1 lb. 4 ozs. and 2 lbs.

In the 3 cases where the cause was unknown the foetal weights were 1 lb. 8 ozs., 2 lbs., and 4 lbs.

FULL-TERM STILLBIRTHS.

The 17 larger infants weighed from 5 lbs. 12 ozs. to 9 lbs. 7 post mortem examinations were made. There were complications of pregnancy in 11 cases, 4 of these being toxæmia (one pre-eclamptic); these 11 mothers were delivered in hospital; 9 of the infants were alive at the onset of labour.

There were complications of labour of some severity in 8 cases, but 3 of the fetuses were dead before labour began; all 8 were hospital deliveries; however, only 2 were booked hospital cases, the other 6 being emergency admissions.

SUMMARY.

The final picture is as follows :—

Causes :

Toxaemia	....	....	....	10
(6 Pre-eclamptic)				
Placental insufficiency	....	....	....	5
Congenital abnormality	....	....	....	5
Difficult Labour and Birth Injury	....	....	....	5
Cord accidents	....	....	....	2
Not known	....	....	....	6
A.P.H.	....	....	....	1
Rhesus incompatibility	....	....	}	1
Severe Congenital Abnormality	....	....
Placenta Praevia A.P.H.	....	....
				—
				35
				==

There were 15 intra-uterine deaths, of these 7 were due to toxæmia, 2 to placental insufficiency, 1 to multiple causes, 1 to cardiac disease, 4 to unknown causes; of the 15 babies who died before birth, 7 weighed less than, and 8 more than, 5 lbs. 8 ozs.

PREMATURE BIRTHS

In 1959, the "premature" live births numbered 93 or 8.2% of all the live births to Exeter mothers. There were also 18 premature stillbirths discussed on p. 17; 9 premature infants died within the first week of life. The rest were surviving at the end of the year.

During 1959, records were made of the state of the placenta so that for this reason infarcted, very small or otherwise abnormal placentae as a possible cause of premature birth show a higher figure this year than formerly.

Causes of Prematurity.

10 were classed as " full term small " since the birth occurred in these 10 cases between 13 days over and 1 week under the expected date of delivery.

Toxaemia of sufficient severity to be classed as pre-eclamptic occurred in 6 cases. Multiple births were few—involving only 4 " prem " babies. 10 cases had small infarcted placentae and there were 5 cases of congenital abnormality.

The causes in the rest were unknown, the bulk of the infants being in the 4 lbs. 15 ozs.—5 lbs. 8 ozs. group.

ABORTIONS.

61 cases of abortion in Exeter mothers were cared for in hospitals in the City during 1959 and 73 were cared for at home, making a known minimum total of 10.3% of all pregnancies. This is, of course, a serious loss of infant life.

PERINATAL MORTALITY, 1959.

There were 35 stillbirths in Exeter in 1959 and 13 infants died within the first week of life making a total of 48 perinatal deaths.

The total live and stillbirths is 1,168 this giving a perinatal mortality of 41.1 per 1,000 total births.

Causes of perinatal deaths :

Infants.			Stillbirths.		
Congenital abnormality	....	5	Toxaemia	....	10
Respiratory	....	4	Placental insufficiency	....	5
(all Caesarean sections and			Congenital Abnormality	....	5
3 having Hyaline membrane)			Difficult Labour—Birth Injury		5
Prematurity	....	2	Cord Accidents	....	2
Birth Injury	....	2	Not known	....	6
			A. P. Haemorrhage	....	1
			Multiple factors	....	1
TOTAL			TOTAL		
	....	13		....	35

SOCIAL GRADING OF THE FAMILY WITH PREMATURE BIRTHS,
INFANT DEATHS AND STILLBIRTHS IN 1959.

The social grading set out here is based upon the Registrar General's Classification of Families according to the father's occupation, viz. :

- Class I — Professional, etc. Occupations.
 „ III — Skilled Occupations.
 „ V — Unskilled Occupations.
 Classes II and IV are intermediate occupations.

SOCIAL GRADING OF PREMATURE BIRTHS, INFANT DEATHS AND
STILLBIRTHS, 1959.

Social Class (R.G.)		<i>Exeter Social Class Distribution per 1,000 total population (Census : 1951)</i>	<i>Premature Births</i>	<i>Still- births</i>	<i>Infant Deaths</i>
Class	I	39	2	—	1
„	II	160	12	2	2
„	III	566	50	19	10
„	IV	112	11	7	2
„	V	123	6	—	—
Unknown	....	—	7	2	1
Deceased	....	—	—	—	—
Unemployed	....	—	3	—	1
Illegitimate	—	2	4	1
Ungraded	—	—	1	—
TOTALS	1,000	93	35	18

HOME ACCIDENTS IN CHILDREN.

by

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This note includes two parts :—

- (i) a survey of home accidents in children in the city in 1958.
- (ii) a review of all the children admitted to the Royal Devon and Exeter Hospital during 1953-1959 (inclusive) as a result of burns or scalds.

We know that for various reasons the first is not comprehensive in the sense that though we tried to get a complete account of home accidents needing hospital care, we tried to get only a sample of the home accidents which did not necessitate hospital care. Even so, the return of cases, even for this limited objective, was not quite complete ; so that the report should be considered more as pointing to certain causes and possible remedial and preventive measures rather than as having precise statistical significance. The second is comprehensive in that the subject material is all included.

As burns and scalds are so serious and so often preventable and almost all, in young children at least, occur at home, it is considered useful to present these two surveys together.

We are grateful to the staff of the Royal Devon & Exeter Hospital for permission to investigate their cases and records and to Dr. R. G. Daniels (Casualty Officer) for his collaboration. We are also grateful to the Health Visitors of the City Health Department for their work in collecting the data in the survey of home accidents.

(i) HOME ACCIDENTS IN CHILDREN A SURVEY IN EXETER

Every year, many thousands of children are injured in accidents in their own homes. Some die from their injuries, more are left with permanent disfiguration or crippling, and all

suffer some degree of pain and emotional upset. Much mental strain is caused to their parents. If we are to prevent these accidents happening, we must first study the causes, both direct and contributory. This small survey was undertaken in Exeter in the hope that some more useful information could be added to that of previous surveys and some contribution made towards the reduction of the number of home accidents.

During 1958, with the permission of the South Western Regional Hospital Board, the Casualty Officer (Dr. R. G. Daniels) at the Royal Devon and Exeter Hospital, notified the Medical Officer of Health of any child under 15 years of age, resident in Exeter, who attended the hospital with injuries sustained in a home accident. It was agreed that a "home accident" should include any accident occurring within the house or in the garden, but not one occurring elsewhere, e.g. in the street, in parks, or at school. In addition, 3 general practitioners agreed to notify us of any such accidents attending their surgeries or attended by them at home. A health visitor then visited the home and made enquiries about the accident and filled up a pro forma. We know that for various reasons it has not been possible in this survey to include all the home accidents involving children in Exeter during the year though there is no reason to suppose that those not notified to us are very different; but it is evident that we are unable to give any close estimate of the incidence of home accidents, and all the estimates given in this paper must be interpreted with caution in relation to the total incidence.

In all, 91 accidents were notified and investigated during the year, 17 of these being notified by the three general practitioners. These can be conveniently classified into four groups in :

Falls	....	....	43	(30 boys, 13 girls)
Burns and scalds	....		26	(17 boys, 9 girls)
Poisoning	....	....	5	(4 boys, 1 girl)
Wounds, etc.	....		17	(10 boys, 7 girls)

Several factors may be regarded as possibly contributory to these accidents and these will be considered before the direct and immediate causes are discussed.

INDIRECT FACTORS.

Sex of Child.

In 68% of the accidents, the child injured was a boy, and this predominance held good for all types of accidents. Boys have been shewn to be more accident prone than girls in a number of previous surveys of home accidents although in Edinburgh, Seiler and Ramsay (1954) found only a slightly higher number of boys.

Age of Child.

The majority of the accidents (70%) involved a child of over 1 and under 5 years old.

Age of Child.	Under 1	1 +	2 +	3 +	4 +	5-10	11-15
No. of accidents	4	25	13	17	10	18	4

Time of Year.

It was found that most of the accidents (80%) occurred during the colder months January to March and October to December. This applied to all types of accidents. Jeff and Meyer (1953) found in Willesden a similar prevalence of accidents in winter though Morfitt (1959) reports that at Doncaster he found there was no significant difference in the number of accidents occurring in different months.

Time of Day.

The accidents were fairly evenly distributed throughout the day with no increase noted during mealtimes or in the evening when fatigue might be expected to become an important factor.

Size of Family.

The size of family was noted in each case and if these figures are compared with the expected distribution of the accidents according to family sizes given in the 1951 census figure, it is possible to get some idea if family size has any bearing. The two points of note are first, the small number of accidents in only children (one child families being very much more common than those with two or more children) and the relatively high frequency of accidents in families with three or more children.

	Number of children in family					
	Only child	2	3	4	5	5 +
Actual accidents	12	26	25	13	6	10
Expected accidents	47	32	4	4	1	1

Social Class.

If the distribution of the accidents according to Registrar General's social classes be compared with the expected distribution of these accidents according to the division of Social Classes in Exeter, little of significance is noted. There are slightly more accidents than would be expected in social classes V and III and less in the other three classes.

	Social class					
	I	II	III	IV	V	Not known
Actual accidents	2	9	59	2	17	2
Expected accidents	4	14	51	10	11	—

Intelligence.

Only in one case was low intelligence considered to be a contributory factor in the accident ; a low grade mentally sub-normal child fell into a bucket of hot water while his mother was emptying the copper and sustained a severe scald ; in two other cases the parents were described as being of below average intelligence, but in neither was this considered contributory to the accident.

Housing.

In four instances there was social, but not statutory overcrowding in the house, but in none of the accidents could it be said to be a contributory factor. In two other cases the houses were in a bad state of repair both being in Clearance Areas, but again in neither instance were bad housing conditions a contributory factor to the accident.

DIRECT CAUSES.

The direct causes can most conveniently be considered according to the type of accidents.

Falls.

43 falls were investigated of which 30 were in children between one and four years of age. The causes of the falls were :—

Falls from height	14
Falls on steps or stairs	4
Falls on the level	20
Falls from baby chair	3
Falls from pram	1
Falls from scooter	1

As a result of these falls the following injuries were sustained :

Fractures	10
(6 being fractured clavicles)	
Bruising only	5
Wound from sharp object	8
Wound from other object	21

Children are high spirited and venturesome creatures and they will climb on chairs and walls and fall off them ; in the course of play they will bump into each other, get dizzy and in other ways manage to fall ; and toddlers in their early weeks of toddling will try to go faster than they are able to do safely, and so fall. These types of accidents are really not preventable. It would not be a good thing to try and curb completely every child's sense of adventure in case he got hurt. It is considered that 29 of the falls in this series come under the category of accidents that could not have been prevented by exercising reasonable precautions. The causes were :

Falls during normal play	....	....	13
Falls from furniture, walls, etc.	....	....	14
Falls in unsteady toddlers	....	....	3

The other 13 falls could have been prevented :

- (a) 5 of them, all resulting in fairly severe cuts, were caused by a young child (between 2 and 4 years old) running while carrying a milk bottle or jam jar :
- (b) 3 were falls from high chairs, 2 being the result of the chair toppling over and the other from the toddler climbing out and falling to ground :
- (c) only 1 accident reported was of a baby falling out of a pram and was due to the clip of the straps not being securely fastened :
- (d) 2 were the result of a child falling over an object on the floor or in the garden that should not have been left there :
- (e) 1 was due to the fact that an 8 month old baby was laid on a chair for a few moments, but meantime managed to wriggle off :
- (f) the last one was caused by a child slipping on a rug on a polished floor and resulted in severe wound of arm which went through a window.

Burns.

There were 8 cases of burns, 2 being children of 14 years old and the others under 5 years old. None of them could be put into the category of not preventable.

The first of the two older children sustained very severe burns from his clothes catching fire while trying to light a camp fire with petrol. Unfortunately, he ran in terror with his clothes alight so making the situation worse. The other 14 year old was trying to revive a fire by holding a newspaper to it when it caught fire burning her hands.

In 3 cases a young child fell into a fire which had not got a fireguard, though in one case the guard had only been removed to make up the fire when the accident happened. One child got burnt while playing with matches and another while playing with a firework and the last one was caused by the child climbing up to a shelf and pulling a bottle of nitric acid over.

Scalds.

18 scalds were investigated. 13 were in children between one and four years old. It is most instructive to note that 13 of them resulted from either the making, serving, or drinking of cups of tea ; all of them could with elementary precautions have been averted :

Tripped over flex of kettle on table	....	1
Tripped over kettle on floor	....	1
Fell on to kettle on trivet (no fireguard)		2
Pulled over cup of tea or teapot off table		5
Knocked over cup of tea on floor	....	1
Knocked into someone carrying cup of tea	....	2
Spilt tea when carrying cup upstairs	....	1

The remaining 5 scalds were all caused by the child falling into a bucket of hot water when the copper was being emptied..

Poisoning.

The 5 cases of poisoning were all in very young children, the oldest being just over 3 years old. All were caused by the child being able to get at poisonous material. 3 cases were due to swallowing iron tablets, 1 from drinking paraffin and the other from drinking ammonia. None of the children was very upset by his experience and none had to be admitted to hospital.

Wounds, etc.

This includes 15 wounds caused by other means than by falls and 2 other accidents that cannot be classified under any of the previous headings.

Wound by sharp instruments	....	7
Wound by thrown object	....	1
Wound by crushing	....	7
Bead in ear	....	1
Swallowed hairclip	....	1

2 of the wounds with sharp instruments resulted from misuse of hatchets by inexperienced youngsters—one cut himself when chopping wood and the other boy while playing with a hatchet hit his young brother who was standing behind him. There was

only one case due to a child getting a razor blade, but another was due to a young child getting an opened tin and cutting himself on it while another child cut himself on the hinge of an old door. The other 2 accidents resulted from the child standing on a sharp object that should not have been there, the first being a Christmas tree ball left on the floor and the other some broken glass left in the garden.

The child injured by the thrown object resulted from a father throwing a toy for his child to catch—which he didn't.

Of the crushes, 4 were due to fingers being caught in a door being slammed, or else blown to by the wind. 2 children got their fingers caught in a wringer and one child caught her fingers in a window that was blown shut.

Foreign bodies caused two accidents :

- (a) a 3 year old child pushing one of the beads he was playing with into his ear ; and
- (b) a seven year old girl was lying in bed playing with some hairclips when she inadvertently swallowed one (it was passed out in a motion 24 days later).

Discussion.

Legislation can play only a small part in the prevention of home accidents. It can ensure that only safe heating appliances are sold to the public (Heating Appliances (Fire Guards) Act of 1952), but in spite of this there must be many thousands of electric and gas fires sold before this Act came into force in 1954 which are still inadequately guarded. The Children and Young Persons Acts make it an offence to leave a child of under 12 years of age in a room with an inadequately guarded fire, if the child suffers serious injury thereby.

It is upon the wisdom and carefulness of parents that the prevention of home accidents to children depends. It is only with their co-operation and by ensuring that they understand fully the dangers to young children of thoughtlessness, of lack of supervision and of lack of training of their children in safety precautions that we can hope for any reduction in the number of home accidents. Of course, all accidents are not preventable. This applies especially to falls, but many falls and most of the other types of accidents can be prevented by the exercise of a reasonable amount of care.

Personal approach is always the best method of health education and Health Visitors, Home Nurses and Midwives and General Practitioners who are visiting parents in their homes can all play an important part in teaching home safety. Television is now another method of reaching parents in their own

homes and could be an important means of spreading knowledge on the prevention of home accidents—anyone who watched Mr. Dimbleby in one of his presentations, burning various types of nightdresses, could not fail to realise the terrible injuries that could befall a child wearing a nightdress made of an inflammable material. All methods of health education should be used to make parents aware of the dangers of thoughtlessness and they must be repeated again and again as the public memory is short for such matters.

By study of the causes of home accidents some lead can be obtained as to the points that must be stressed in teaching home safety. This survey is a small one and certainly does not reveal all the possible causes of accidents, but nevertheless, it is worth further study from the point of view of prevention.

First, the contributory causes : it would appear that if you happen to be a boy over 1 year old and under 5, and a member of a family of 3 or more children, you are more liable to have a home accident than other children. Bad housing conditions or overcrowding did not appear to be a contributory factor to any in this series though Tempest (1956) considered that overcrowding played an important part in causing burns and scalds and Seiler and Ramsay (1954) found housing conditions closely related to home accidents. Overcrowding of the home, either statutory or social was noted in this survey ; congestion in an individual room was not considered, but study of some of the accidents especially the burns and scalds, suggests that this may well have been a contributory factor.

As we have already said, unless unnecessary restraint is put on children's activities there will certainly be a number of falls. Good discipline might prevent a number of them, certainly those resulting from young children climbing on furniture. Of the others, carrying milk bottles is a favourite pastime of small children and it is a dangerous one as the weight of the bottles and the fact that both arms are used in carrying it upsets their balance and falls are likely. Such a fall is likely to lead to serious wounding with the broken glass.

High chairs are unnecessary and undesirable. A low baby chair is now much more commonly used and is much safer as even if it is tipped over or the child falls out a serious injury is not likely to result.

Babies are very active creatures and if left for a moment on chairs or near the edge of beds as is often so convenient, even the very young ones seem to be able to wriggle enough to fall off. It is surprising how easily babies seem to get about on these occasions ; and though there is only one such accident in our series, several babies have been seen at a welfare clinic during the same period who had had similar falls, but were not hurt.

Rugs slipping on a polished floor resulted in severe injuries to one girl. This danger to young and old is often stressed but easily forgotten—housewives like to see their floors highly polished, but if they do they must either not put rugs on them or they should have some form of non-slip backing to the rugs.

Burns and scalds formed the next largest group of accidents and *all were preventable*.

The need for fireguards when young children are around is shewn in that 3 of the burns and 2 of the scalds would have been prevented had a fireguard been in place. The fireguard must not only be an effective one, but it must be properly fixed to the fireplace or heating appliance. In 1956, the British Standards Institution specified desirable requirements for such a fireguard. The need for the provision of suitable eyelets to fix the fireguards was stressed to local Authorities in a circular from the Ministry of Housing and Local Government in 1957 and local Authorities should implement this in all houses that they build. A way of using an expanding curtain wire to fix an older type fireguard is shown by Colebrook et al (1956). A scheme for the renting of guards at a nominal charge to families with young children as in Edinburgh would seem to be something that could be adopted by other Authorities. However, although fireguards and means of fixing may be provided they are not necessarily used, sometimes through carelessness, but often through thoughtlessness and inability to realise the danger that an unprotected fire is to young children; in two cases in this survey a fireguard was available, but was not being used. The health visitors during their home visits can help considerably by stressing to the mother the importance of using the fireguard. Scalds were caused by two things—cups of tea and emptying of “coppers.” All the activities associated with cups of tea are potentially dangerous when young children are around—the boiling kettle, filling the teapot, carrying it to the table, cup of tea and the teapot on the table and on the floor—if care is not taken, all can lead to serious scalding accidents. The danger of a bucket of hot water on the floor has often been pointed out, but four accidents in this small series were due to a child falling into a bucket of hot water. In each case a copper was being emptied into a bucket and a child tripped and fell into it. In the other case, the copper was being emptied by being baled out with a saucepan and a child ran into the person carrying the pot of hot water. Coppers should, of course, not be emptied when young children are around—at least, not while the water is hot.

There were only 5 cases of poisoning, but all could have been prevented with ordinary care. The need to keep medicine locked in a cupboard out of reach of children has been often stressed, but is not infrequently disregarded: many chemists exhibit notices warning parents of this very danger: iron tablets are in

common use (both on prescription and bought privately from a chemist) and they account for most of the accidents in our series due to swallowing medicines. They look attractive, like sweets, and the sugar coating is pleasant to suck. Could the manufacturers of fancy coloured sugar coated tablets not assist by making them less attractive to young children? The use of "Kidi-pruf" containers for tablets which cannot be opened by young children are useful: they can be bought from chemists—in fact, one firm puts all their tablets in these containers as a safety measure. Household fluids are another common cause of poisoning and are usually left beneath the sink easily accessible to children although if firmly corked the danger is minimised. The use of "pop" bottles to contain household fluids is very dangerous since children believe the fluid is some agreeable drink.

The last group of accidents is one including many causes, some of which could have been prevented. Certainly sharp instruments should not be left accessible to young children. Crush injuries by slamming of doors and windows happen so easily unless great care is taken: the 5 in this series seems quite a small number.

Although most accidents can be said to be preventable we must accept that none of us is perfect, it is the unguarded moment that counts: we don't always remember the quite astonishingly rapid movement of a young child and an accident happens. The parent may certainly be to blame, but we can sympathise with her. But if we all thought a little more about home accidents, we could reduce the risks very substantially.

APPENDIX

Pro forma used in this survey

QUESTIONNAIRE TO BE COMPLETED BY HEALTH VISITOR

HOME ACCIDENTS

(Accidents in the home or the garden or yard, etc., about which a doctor was consulted).

NAME	DATE OF BIRTH
ADDRESS	AGE
NOTIFIED BY	SCHOOL

Date and Time of Accident

Description of Accident (verify)

Special Circumstances at time of Accident

Injury sustained

Doctor's care sought in hospital/at home/surgery

Is Accident regarded as trivial/moderate/severe ?
If severe, is end result foreseen to be grave (disablement/disfigurement/other permanent ill effect) ?
(Final assessment of this should be made by M.O.)

SOCIAL CONDITIONS

Occupation of Father..... Social Class (R.G.)

Occupation of Mother (also state hours worked)

Housing Conditions (a brief description only as to type of house, number of rooms, overcrowding, lighting, defects of flooring, etc.).

Council house / Private house / Council flat / Whole house / Part of house.

Special circumstances probably contributing.

Standard of Care (above average / average / below average).

Size of Family (children by sex and in years of birth with circle round the case).

Intelligence of	Mother.		Child.
	above average	}	above average
	average		average
	below average		below average
	defective		defective

Analysis of Accident as to Cause.

What protective measures had been taken

Any other known home accidents to this patient or this family in past twelve months (demanding medical care).

this patient :

this family :

ECONOMIC RESULTS OF ACCIDENT

Time spent in Hospital (or Out-patients)

Attendance by Doctor at home or in surgery

Time off School

Any consequent loss of work by Mother or Father

Any probable permanent disablement

Observations :

Date.....

Signed.....
(Health Visitor)

(ii) **Burns and Scalds in Children Necessitating Admission to Hospital.**

This is a review of those children with burns or scalds who were admitted to the Royal Devon and Exeter Hospital in the seven years 1953 to 1959 inclusive.

They are drawn from Exeter and also from a wide area of Devon County.

In all 113 children under 14 were burnt or scalded severely enough to require in-patient treatment.

Of these, 56 lived in Exeter and 57 came from outside the city.

There were 77 scalds and 36 burns.

Distribution by Age and Sex.

Boys : 75 ; Girls : 38.

Age.

Year of life.	Under 1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-6 yrs.	6-7 yrs.
Number	2	37	23	13	11	8	3

Year of life.	7-8 yrs.	8-9 yrs.	9-10 yrs.	10-11 yrs.	11-12 yrs.	12-13 yrs.	13-14 yrs.
Number	3	1	2	3	3	2	2

Thus three quarters (76%) of the children admitted were under five.

Those under five were more liable to be scalded than burnt while the over fives were more liable to be admitted after a burn.

Under 5 :	67 scalded ;	19 burned.
Over 5 :	10 scalded ;	17 burned.

The circumstances of the Accident.

Tea making and drinking	....	....	....	....	....	39
Other cooking	....	....	....	....	....	18
Baths and clothes washing	....	....	....	....	....	26
Accident with Paraffin, Petrol or fireworks				....	....	15
Open coal fires	....	....	....	....	....	7
Electric fires	....	....	....	....	....	2
Unascertained	....	....	....	....	....	6

Of the children scalded by tea or water from a kettle most, as would be expected, were in the toddler age group.

Under 1 year : 1 ; 1-2 : 17 ; 2-3 : 14 ; 3 and over : 7.

The average stay in hospital of these 39 children was just over 16 days ; scalds are at this age one of the major causes of a prolonged stay in hospital.

We have considered separately the information on the 13 children who required an intravenous transfusion during the first week in Hospital. These children all had more than a tenth of their body surface burnt and they include the most severe burns in the whole series.

Circumstances of the Accident in those requiring Transfusion.

Tea making and drinking	....	....	....	....	....	Nil.
Other cooking	....	....	....	....	....	3
Baths and clothes washing	....	....	....	....	....	3
Accidents with paraffin, petrol or fireworks				....	....	4
Open coal fires	....	....	....	....	....	3

Thus these more extensive burns arise from different causes. The 13 include all the children in the series who were admitted after their clothing caught light and more than half the burns from open coal fires.

Of these 13 children, 3 died. The 10 who survived spent an average of five weeks and four days in a Hospital during their first admission.

In conclusion.

It will be seen from this small series that in Exeter and the surrounding districts most of the severe thermal injuries are due to burns rather than scalds. The most severe of these are due to such widely publicised factors as :

- leaving small children near an unguarded fire.
- the wearing of highly inflammable clothes (two girls died after their nightdresses caught fire).
- and allowing small children to play with paraffin or paraffin stoves.

In this series, however, two thirds of the children were admitted following a scald rather than a burn, although the scalds were generally less severe than the burns, and none was fatal. But they involved small children in fairly long periods of hospitalisation and often some permanent scarring.

Four common circumstances for a small child to be scalded were found in this series :—

- (i) a child pulling a kettle or saucepan from a stove.
- (ii) a mother being tripped up by her child, playing on the floor, while she is carrying hot water.
- (iii) scalds occurring at meal times when a small child pulls the teapot onto itself.
- (iv) a child falling into hot water from a washing machine or copper.

CANCER

The Regional Cancer Records Bureau (Director, Mr. Reginald Vick, F.R.C.S.), has kindly sent me particulars of the cases registered with the Bureau in 1959. These may be taken as fairly comprehensive in respect of those patients who have attended hospital, but probably not so in regard to those who have never attended a hospital: registration applies to a case on first diagnosis or treatment; recurrences from previously treated growths are not counted in these tables, nor are cases known to the Bureau only from the death returns. Registrations for each year since 1950 are shewn on page 40. The registration of respiratory system cancers shews an increase to the highest number recorded since 1950—not a good augury!

The number of deaths from cancer was lower than in 1958 but as I feared might be the case, the low death rate from cancer of the lung and bronchus in 1958 was not maintained, the number of such deaths having risen steeply again in 1959.

CANCER REGISTRATIONS EXETER RESIDENTS, 1959.

SITE	SEX	Under 20	20—29	30—39	40—49	50—59	60—69	70 Plus	TOTAL, 1959	TOTAL, 1958
Buccal Cavity and Pharynx	M	—	—	—	—	—	2	3	5	5
	F	—	—	—	—	1	—	2	—	3
Digestive Organs and Peritoneum	M	—	—	—	3	3	9	12	27	27
	F	—	—	1	2	5	7	13	40	28
Respiratory System	M	—	—	—	4	12	10	5	37	31
	F	—	—	—	2	1	1	1	2	5
Breast	M	—	—	1	—	1	—	—	—	2
	F	—	—	2	4	6	13	5	33	30
Genito-urinary Organs	M	—	—	1	1	3	6	7	21	18
	F	—	—	1	1	5	11	5	35	23
Skin	M	—	—	—	4	2	5	8	32	19
	F	—	—	1	5	1	1	3	9	11
Other and unspecified sites	M	—	—	1	—	1	1	1	5	4
	F	—	—	—	1	—	2	—	4	3
Lymphatic and Haematopoietic tissues	M	1	—	1	1	—	—	2	5	5
	F	1	—	—	—	1	—	1	2	3
TOTAL		2	—	9	28	42	68	68	257	217

REGISTRATION OF CANCER PATIENTS.
EXETER RESIDENTS, 1950—1959.

SITE		1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Buccal Cavity and Pharynx	M	3	5	3	2	6	1	7	3	5	5
	F	2	—	1	3	3	1	1	4	3	—
Digestive Organs and Peritoneum	M	40	32	40	46	30	26	34	28	27	27
	F	35	34	39	34	34	31	31	27	28	40
Respiratory System	M	22	20	13	16	32	23	22	21	31	37
	F	3	6	5	—	3	3	2	3	5	2
Breast	M	—	1	—	—	—	—	—	—	2	—
	F	14	21	14	18	32	25	25	28	30	33
Genito Urinary Organs	M	1	19	9	16	12	12	12	15	18	21
	F	15	19	10	19	21	22	23	18	23	35
Skin	M	1	1	—	1	18	17	11	11	19	32
	F	—	—	—	2	8	11	15	8	11	9
Other and un- specified sites	M	2	11	2	7	6	8	3	5	4	5
	F	3	2	6	5	4	2	3	4	3	4
Lymphatic & Haema- topoietic tissues	M	—	3	4	—	7	4	4	8	5	5
	F	1	2	3	3	7	1	4	1	3	2
TOTAL		142	176	149	172	223	187	197	184	217	257

The following table (using the Registrar General's figures), shews the deaths from cancer during the past 10 years :—

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Deaths	143	180	152	172	189	147	185	154	189	183

It should be noted that leukaemia is now counted as a cancerous disease.

PUBLIC WATER SUPPLY.

I am indebted to the City Engineer and Surveyor, Mr. J. BRIERLEY, B.SC., A.M.I.C.E., M.I.MUN.E., M.T.P.I., for the following notes :

Treatment of the supply from the River Exe followed the normal sequence of (1) breakpoint chlorination of the raw water and dosage with alumina ; (2) settlement in open reservoir ; (3) filtration by pressure filters ; (4) lime dosage for pH correction ; (5) terminal adjustment of chlorine residual.

Although the summer was exceptional for prolonged fine and sunny weather, during which consumption exceeded all previous records, an adequate supply was maintained at all times without restrictions of any kind.

The extension and modernisation of the filtration plant was completed in time to cope with increased summer demand for water. The plant incorporates new apparatus for automatically maintaining the chlorine residual and pH of the purified water at pre-determined levels.

In order to augment the Council's water resources a borehole has been sunk to a depth of 400 ft. in the sandstone rocks a few miles north of the city. It is proposed to use this source, when the permanent works have been completed, for the extra water required during the summer months, and it is expected that the yield of the borehole will be in the region of half a million gallons per day.

The average daily consumption in 1959 was 4,369,000 gallons compared with 4,183,000 in 1958, and the maximum day's consumption was 5,250,000 gallons.

The estimated population supplied was 84,263 and the average daily consumption per head, including trade, was 51.85 gallons.

The average doses of chemicals used for treatment were :—chlorine 3.7 p.p.m. ; aluminium sulphate for coagulation 17.0 p.p.m. ; and hydrated lime for pH correction 8.3 p.p.m.

Details of the bacteriological examinations carried out by the Public Health Laboratory Service (Director, Dr. B. Moore), are set out in Table No. IX. The presence of bacteria in some of the samples from the Danes Castle Reservoir supply (in *October*, 1959) was found to be due to the penetration of rain water through a crack in the concrete roof of the southern half of the reservoir. To allow repair, the supply from this portion of the reservoir was accordingly cut off and the supply maintained from the northern half only.

The Public Analyst made quarterly chemical and bacteriological examinations of both raw and treated water and details of two of these are given in Table No. X.

The fluorine content (one analysis) was .047 p.p.m. and the water supplied to consumers was reported to be free from plumbosolvency.

Table IX.
EXETER PUBLIC WATER SUPPLY.
BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1959 : EXAMINED BY PUBLIC HEALTH LABORATORY SERVICE.

		Presumptive B. Coli count per 100 millilitres				
		No. of Samples	0	1-2	3-10	11-50
						50+
WATER AFTER TREATMENT.						
(a) AT TREATMENT WORKS	....	47	47	—	—	—
(b) ON CONSUMERS' SUPPLY :	DANES CASTLE RESERVOIR ZONE	58	47	3	5	3
	INTERMEDIATE	38	37	1	—	—
	MARYPOLE HEAD	25	25	—	—	—
	BARLEY LANE	25	25	—	—	—
	STOKE HILL	12	12	—	—	—
	TOTAL	205	193	4	5	3
(c) OTHERS :—	BUILDING SITES, NEW MAINS, ETC.	76	38	8	6	5
	....					19

In addition, 47 samples of raw river water were examined—generally these shewed gross pollution (over 1800 Presumptive B.Coli per 100 ml.) ; and also 36 samples of water whilst undergoing treatment for the purpose of checking the efficiency of various parts of the sterilisation plant.

Table X.**PUBLIC WATER SUPPLY, 1959.****ANALYSES OF RAW AND FILTERED WATER**

		RESULTS IN PARTS PER MILLION.			
		5.1.59.		12.10.59.	
		Raw	Filtered	Raw	Filtered
Chlorine as Chlorides	....	14.0	16.0	18.0	22.0
Nitrogen as Nitrites	....	trace	0	trace	0
Nitrogen as Nitrates	....	1.65	1.5	1.4	1.2
Nitrogen as Free and Saline Ammonia	....	0.008	0	0.230	0.024
Nitrogen as Albuminoid Ammonia	....	0.058	0.018	0.190	0.130
Total Hardness as CaCO ₃	....	67.0	71.0	99.0	110.0
Temporary „ „ „	....	28.0	26.0	66.0	67.0
Permanent „ „ „	....	39.0	45.0	33.0	43.0
Total Solids	....	135.0	145.0	170.0	190.0
Oxygen absorbed 4 hrs. 27°C.	....	0.6	0.2	1.35	0.7
Chlorine as free chlorine	....	—	0.35	—	0.2
Plumbo-solvency	....	—	nil	—	nil
pH	....	7.1	7.1	7.4	7.6
B.Coli per 100 ml.	....	1800+	0	1800+	0
Faecal Coliform per 100 ml.	....	1800+	0	1600	0
Microbes : 72 hrs. at 22°C per ml.	....	1600	1	1100	2
48 hrs. at 37°C per ml.	....	350	0	95	1

PUBLIC CONVENIENCES.

The modernisation of the public convenience at Exwick has been completed and the convenience at Willey's Avenue is almost finished. The total number of public conveniences has now reached 20.

A new convenience has been planned for the Quay, adjacent to the Council Weighbridge, and actual construction commenced on the 3rd February, 1960.

SEWERAGE AND SEWAGE DISPOSAL.

The City Engineer and Surveyor has kindly sent me the following notes :

SEWERAGE.

The existing brick barrel foul sewer in Gandy Street was re-laid in 6 inch stoneware pipes.

A portion of the brick barrel foul sewer in Magdalen Road, at the junction of St. Leonard's Road, collapsed. Upon inspection, the brick barrel was found to be in a very bad condition. This portion was re-laid in 12 inch resin lined concrete pipes.

To allow development at Lansdowne Nurseries in Alphington Road, the existing foul sewer at the corner of Marsh Barton Road was extended in Alphington Road about 120 yards.

Two private properties in Mill Road, Countess Wear, were connected to the main foul sewer.

The construction of the foul sewer around the Canal Basin was approved by the Ministry of Housing and Local Government and active operations were commenced in October. This scheme will obviate the emptying of earth closets and remove a potential source of infection and danger to public health.

Various other minor improvements to foul sewers were carried out during the year.

SEWAGE DISPOSAL.

Although now 27 years old, the plant at Countess Wear Sewage Works has continued to treat half the flow to the Works to Royal Commission standard.

For a trial period of one month all the flow up to 8 m.g.d. has been passed through the Aeration Plant as a whole, with one quarter operating without activated sludge. Due to the excessive rain in December no conclusions can yet be reached.

One of the cold digesters was cleaned out during the year. Some 900 tons of semi-solid sludge was removed.

An experimental heated digester has been operational for about ten weeks.

MAIN DRAINAGE.

Steady progress has been maintained with the construction of the Larkbeare Surface Water Drainage Scheme and the work is expected to be complete by the end of 1960. The Longbrook Area (the second portion of the whole scheme) will be started in 1960. Ministerial approval has been obtained for the Broadway (St. Thomas) area surface water sewers scheme to relieve persistent flooding.

Other schemes are under active consideration.

PRIVATE DOMESTIC WATER SUPPLIES.

There are only twelve premises in the City which rely on springs or wells for their water supply, viz. five farms with attached dwellings and seven other houses, mostly situated in the Stoke Hill area.

In previous years we have surveyed the wells and submitted samples of water to the bacteriologist for examination, and regularly warned the occupiers of the properties to boil all water used for domestic purposes. In view of pressure of work in other fields sampling of the wells was not carried out during 1959.

SWIMMING BATH.

The one municipal swimming bath in Exeter was opened in 1941 ; its capacity is 140,000 gallons, the water being taken from the City's mains supply and chlorinated after circulating through high pressure sand filters.

The filters are "flushed" during busy periods—approximately three times a week—when on each occasion about 20,000 gallons of water are drawn off and replaced from the mains supply. The water is normally chlorinated to 1 p.p.m. and during busy periods the chlorine is stepped up to more than this, the pH value being raised to between 7.8 and 8.0 in order to prevent eye irritation.

On 5 occasions water in the swimming bath was taken for bacteriological examination, 13 samples in all. On two occasions the water was not quite satisfactory—once because of a very temporary break-down in the chlorination apparatus.

ANNUAL REPORT
OF THE
CHIEF PUBLIC HEALTH INSPECTOR
(F. G. DAVIES, F.R.S.H., F.A.P.H.I., A.M.I.P.H.E.)

INTRODUCTION.

This report is in two parts : the first comprising comment and the second an analysis of the work done.

PART I.

STAFFING.

I am pleased to record for the first time for many years that no major staffing problems arose during 1959 and that we were able to retain all our professional staff. Previous reports have indicated the disruptive effects of resignations and the fact that we did not encounter this problem during the year is no doubt partly responsible for the small but significant increase in the work done.

Another factor which contributed towards this increase was that in the early part of 1959 I transferred some office work from the public health inspectors to the clerical staff and this permitted the professional officers to devote a larger proportion of their time to " field " work.

However my pleasure in being able to report a more satisfactory year's work is tempered by the knowledge that our service to the community in the fields of environmental health and food hygiene still falls short of the standards I would like to see. There is still no routine inspection of housing conditions and there are still unavoidable delays in the investigation of complaints and " following up " repairs notices.

CLEAN AIR.

Smoke Controlled Areas.

The position regarding our three smoke controlled areas remains unchanged. (Early in 1960 a public enquiry was held by the Minister in respect of two of the areas, but at the time of writing this report his decision had not been announced).

Comprehensive Smoke Control Policy.

In February, 1959, the Public Health Committee included £2,000 in its estimates to cover the initial work in an area west of the river, which, it was proposed, should be designated in due course as a smoke controlled area ; this was regarded as a first step towards making Exeter " smoke controlled " but the Finance Committee, whilst not unsympathetic, wished to have more information about the ultimate cost of a comprehensive scheme embracing the whole City.

In order to arrive at a reasonably accurate figure of the cost of such a scheme I sought the guidance of Dr. F. R. Oliver of the Economics Department, University of Exeter, and as the first step the houses and flats in the Borough were broadly classified as follows :

	Council Houses	Private Houses	Total
Built before 1914	49	11,951*	12,000*
Built between 1914 and 31st March, 1945	2,171	4,605*	6,776*
Built after 31st March, 1945	3,528	1,046	4,574
TOTALS	5,748	17,602*	23,350*

*Estimated.

After excluding properties for various reasons (e.g. scheduled under the Housing or Planning Acts for demolition, or already "converted") it was estimated that the actual number of dwellings to be modified under the Act would be about 20,000 and a one in eighty sample survey of private dwellings indicated that the overall costs, based on the conversion of appliances in regular use (generally 2 per dwelling) and on the prices ruling in 1959, would be £403,013 as set out in the following table :

Private Dwellings.

Properties	Average cost per house	Cost to owner or occupier	Cost to City Council	Cost borne by Exchequer	Total
DWELLINGS : (pre 1914)	£29 16 0	£95,819	£95,819	£127,759	£319,397
(1918-1945)	£16 9 0	£22,731	£22,731	£30,308	£75,770
(post 1945)	£7 10 0	£2,354	£2,354	£3,138	£7,846
TOTALS		£120,904	£120,904	£161,205	£403,013

Dwellings owned by the City Council.

The overall cost of converting Council owned dwellings based on information provided by the City Architect was estimated to be £43,410, made up as follows :

Properties	Average cost per house	Cost to City Council	Cost borne by Exchequer	Total
DWELLINGS : (pre 1914)	£10 18 0	£307	£205	£512
(1918-1945)	£14 19 0	£18,126	£12,084	£30,210
(post 1945)	£8 0 0	£7,613	£5,075	£12,688
TOTALS		£26,046	£17,364	£43,410

The total cost to the City Council would, therefore, be £147,000 and if spread over 15 years would be approximately £10,000 per annum, of which the Public Health Committee would, perhaps, bear £9,000 and the Housing Committee roughly £1,000 a year. Alternatively, the scheme could be spread over a longer period, say 20 or 25 years, at a proportionately lower annual expenditure.

A detailed report on these lines was submitted to the Public Health Committee towards the end of the year and the Committee recommended to the Council that the whole of the City be made smoke controlled over a period of 15 years; but the Council appeared unwilling to commit itself to a set annual expenditure and referred the matter back for further consideration.

ABATTOIR.

It is five years since the abattoir was leased by a private company and liaison between the Council and the Fatstock Marketing Corporation continues to be good, but the gross inadequacy of the building imposes a very heavy strain on both parties. This was particularly so in 1959 when the throughput was considerably increased.

In an effort to relieve some of the congestion and in order to enable the company to conform with some of the requirements of the Regulations relating to hygiene, it was agreed to let the Abattoir Cottage, at present occupied by the Meat Detention Officer, to the Company for use as offices etc. so that the existing offices could be used for the emptying of stomachs and intestines.

Towards the end of the year I was very dissatisfied with the poor standard of hygiene amongst the slaughtermen. This persisted, despite many verbal warnings and it was necessary (early in 1960) to hold a joint meeting between the men's representatives, trade union officials and myself. The Slaughterhouses (Hygiene) Regulations were explained and the opportunity taken to emphasise that any further infringements would be followed by proceedings being taken against the offenders.

During 1959 the Council decided to build a new abattoir on a site at Marsh Barton and preliminary planning was in progress by the end of the year.

All condemned meat continues to be disposed of to processors approved by the Department.

HOUSING.

(a) *Slum Clearance.*

During the year the Council approved the Public Health Committee's recommendation that 90 houses comprised in 14 clearance areas should be dealt with by Clearance Order. It was estimated that in these areas eighty-four families would require rehousing. Four of these Orders were later submitted to the Minister but none had been confirmed by the end of the year.

Three of the Orders submitted during 1958 consisting of 19 houses were confirmed during the year and details of these properties will be found in Appendix B.

At the end of the year 330 houses had been represented in clearance areas under the Council's five year programme and 153 houses had been included in confirmed orders.

(b) *Improvement Grants.*

On 14th May, 1959, the House Purchase and Housing Act, 1959, received the Royal Assent. The Act introduced a new system of "Standard Grants" to supplement the existing system of "Discretionary" improvement grants, and at the same time made a number of changes to simplify procedure and render the grants more attractive to owners. Although the Act has only been in force for the latter part of the year, there is every indication that it will do much towards encouraging the provision of necessary amenities in the older type of house.

The standard grants will be available only towards the cost of installing baths, water closets and certain other amenities in dwellings which at present lack them, but they can be claimed as of right.

The discretionary grants (payable at the discretion of the local authority) will cater for conversions as well as improvements, the range and the cost of which fall outside the limits applicable to standard grants. Detailed inspections of 84 dwellings were made (of which 17 were made as a result of applications for "standard" grants and 67 in respect of "discretionary" grants). Of these 71 were on behalf of owner occupiers. Up to the end of 1959, 147 grants have been made since the inception of the scheme.

RODENT CONTROL.

I have noted that there has been an increased willingness on the part of the public to report rodent infestations and this is no doubt partly due to the Committee's decision to discontinue charging private householders for the services of the rodent operator.

Following discussions with representatives of the Ministry of Agriculture, Fisheries and Food it was found possible to dispense with the services of the Rodent Officer, who I am glad to say, was able to fill a vacancy in another department. In order to cope with the work with a reduced staff it was agreed to combine the disinfecting staff and rodent operator into an integrated pests service, and an existing member of the staff undertook the general oversight of this service including the duties formerly performed by the Rodent Officer. This reorganisation resulted in a substantial saving, expenditure being reduced by nearly 50% without any reduction in the overall efficiency.

TUBERCULOSIS IN CATTLE AND CALVES.

It will be recalled that in my last report I recorded an increase in the incidence of tuberculosis in cattle and calves. This was mainly due to the number of reactors sent in for slaughter which followed the implementation of the Government's scheme for the eradication of tuberculosis.

I am now pleased to be able to report that there was a marked drop in the incidence of this disease in 1959, and there is no doubt that tuberculosis in animals slaughtered for human consumption will very soon be a rarity.

There were no cases of congenital tuberculosis in calves during the year.

DISINFECTING AND CLEANSING STATION.

At the end of the year Exe House Reception Centre closed down and as this Department used certain of the bathrooms as an emergency cleansing station, we lost the use of this facility. In addition, we have been informed that the life of the disinfecting station at Exe Island is likely to be very limited and in view of this it appears certain that we shall have to find alternative accommodation for both these services. It is hoped that we shall be able to make arrangements for one of the local hospitals to deal with the disinfection of bedding from cases of infectious diseases but we are still faced with the problem of cleansing verminous persons and their belongings. At the time of writing this report we have not been successful in finding any suitable accommodation despite numerous enquiries.

COUNTESS WEAR SEWERAGE SCHEME.

(Grants under Section 47, Public Health Act, 1936).

With one exception (since the house is not in very good condition) all the houses have now been equipped with water closets and the grants authorised by the Public Health Committee paid to the owners.

WASPS.

For many years the department has destroyed wasps nests free of charge and normally this does not impose any great strain on our resources. However, 1959 was remarkable for the exceptionally large number of nests to be dealt with, a total of 211 being destroyed. As the nests are almost always situated in very inaccessible positions their destruction, undertaken by the disinfecting staff, entailed a considerable amount of work and it was often necessary for the staff to work overtime to deal with them. If we should be faced by a similar problem in 1960 it may be necessary to consider making a charge to cover our expenses.

Contrary to popular belief, wasps are not entirely harmful ; in spring and early summer they feed mainly on insects. But from mid-summer onwards their diet becomes increasingly vegetarian as more and more workers feed on ripening fruit and other sweet substances.

FOOD POISONING, ETC.

33 cases of suspected food poisoning and 1 case of typhoid were investigated during the year ; 13 food poisoning cases were confirmed. This involved 98 visits to the houses and shops where the food concerned was served or sold.

LOCAL LAND CHARGES.

Information was supplied to the Town Clerk in 1,600 cases in reply to searches submitted under the Local Land Charges Acts.

PART II.

General Summary.

Number of visits made during the year	....	12,292
Number of samples taken	....	653
Number of carcasses inspected	....	59,598
Total weight of foodstuffs condemned	....	72 tons

A.—SUPERVISION OF FOOD SUPPLIES.

1. *School and University Canteens, etc.*

Owing to pressure of work in other fields, it was not possible to carry out any inspections of school and university canteens during 1959.

2. *Market.*

20 inspections were made of the Higher Market, in Queen Street, where fruit and vegetables etc. are sold.

3. *Food Premises Generally.*

The number of food premises known in the city is as follows :—

Butchers 75 ; Cooked Meats 12 ; Bakers and Confectioners, including sweet shops, 73 ; Fried Fish 26 ; Fresh Fish 26 ; General Provisions 241 ; Greengrocers 74 ; Cafes 35 ; Snack Bars 14 ; Dairies 33. TOTAL : 609.

Total number of visits made was 1244.

4. *Registered Food Premises.*

There are 404 registrations under Section 16 of the Food and Drugs Act, 1955, affecting 377 business establishments. These are made up as follows :—

Storage of bulk ice-cream	....	....	....	....	3
Manufacture, storage and sale of ice-cream	....	....	....	....	39
Storage and sale of pre-packed ice-cream	....	....	....	....	283
Preparation or manufacture of potted, pickled or preserved food (including fried fish and chips)	....	....	....	....	52
Preparation or manufacture of sausages and potted, pressed, pickled or preserved food	....	....	....	....	24
Preparation or manufacture of sausages	....	....	....	....	3
TOTAL					404

5. *Improvement effected in Food Premises Generally.*

Premises cleansed or redecorated	....	....	....	....	36
Washing facilities provided	....	....	....	....	28
" Wash Hand " notices posted	....	....	....	....	10
First Aid Kits provided	....	....	....	....	8
Fly proofing provided	....	....	....	....	3
Water closet facilities improved	....	....	....	....	16
Locker Accommodation provided	....	....	....	....	17
Hot Water supply installed	....	....	....	....	10
Ventilation provided or improved	....	....	....	....	4
Other improvements or repairs	....	....	....	....	35
TOTAL					167

6. *Slaughter of Animals and Meat Inspection.*

The number of animals slaughtered and inspected at the public abattoir and private slaughter-houses, together with reasons for condemnation, are set out below in the form prescribed by Ministry of Health circular 17/55. No horses or goats are slaughtered in the city.

	Beasts	Cows	Calves	Sheep and Lambs	Pigs
Number slaughtered	6,080	851	1,087	32,967	18,604
Number inspected	6,080	851	1,091	32,969	18,607
<i>Diseases except Tuberculosis and Cysticercosis.</i>					
Whole carcasses condemned	6	40	35	213	129
Carcasses of which some part or organ was condemned	3,647	493	46	3,663	2,582
Percentage of No. inspected affected with disease other than tuberculosis and cysticercosis	60.7	62.6	7.4	11.1	14.5
<i>Tuberculosis only.</i>					
Whole carcasses condemned	6	6	—	—	2
Carcasses of which some part or organ was condemned	65	96	2	—	445
Percentage of No. inspected affected with tuberculosis	1.1	11.9	0.18	—	2.4
<i>Cysticercosis only.</i>					
Carcasses of which some part or organ was condemned	13	—	—	—	—
Carcasses submitted to treatment by refrigeration	13	—	—	—	—

7. *Condemnation of Food.*

During the year approximately four tons of food, apart from meat, was condemned, involving the issue of 1,102 certificates. All of this food was buried at the Council tip.

8. *Milk.*

(A) *Chemical and Bacterial Quality.*

The following tables indicate the average chemical and bacterial quality of the milk sold in the city during the year :—

(i) *Chemical Quality.*

DESIGNATION	No. of Samples.	Fat %	Non-fatty Solids %
Tuberculin Tested (Channel Islands) (Farm Bottled)	15	4.41	9.1
Tuberculin Tested (Farm Bottled)	17	4.1	9.1
(Channel Islands) (Pasteurized)	8	4.43	9.3
Pasteurized	8	3.7	8.8
Tuberculin Tested (Pasteurized)	12	3.72	8.9

(ii) *Bacterial Quality.*

DESIGNATION	Number of Samples.	Samples Satisfactory.	Samples void owing to Air Temperature being over 65°F.
School Milk	9	3	6
Pasteurized	22	12	10
Channel Islands (Pasteurized)	19	12	7
Tuberculin Tested (Pasteurized)	23	13	10
School Milk Tuberculin Tested (Pasteurized)	6	6	—
Tuberculin Tested (Farm Bottled)	37	33	—
Tuberculin Tested (Channel Islands) (Farm Bottled)	37	31	—

(B) *Testing for the Presence of Tubercle Bacilli.*

All milks consumed in the City are tested quarterly for the presence of tubercle bacilli. During the year, 174 samples were tested all of which proved negative.

9. *Ice Cream.*

(A) *Cleanliness.*

103 samples of ice cream were taken during the year and the gradings, according to the bacteriological standards suggested by the Ministry of Health, were as follows :—

Grade 1. (Satisfactory)	....	....	....	....	88
Grade 2. (Satisfactory)	....	....	....	....	12
Grade 3. (Unsatisfactory)	....	....	....	....	2
Grade 4. (Unsatisfactory)	....	....	....	....	1

(B) *Composition.*

On the 27th April, 1959, the Food Standards (Ice Cream) Order, 1953, was revoked and replaced by the Food Standards (Ice Cream) Regulations, 1959, which now introduces two standards, one for “ice cream” and the other for dairy ices.

The new standards are as follows :—

	<i>Ice Cream</i>	<i>Dairy Ices</i>
	%	%
Non-milk fat	5	—
Milk Fat	—	5
Milk solids other than fat	7.5	7.5

The average composition of ices sampled in the city during 1959 was as follows :—

	<i>Ice Cream</i>	<i>Dairy Ices</i>
	%	%
Non-milk fat	11	—
Milk fat	—	12.2
Milk solids other than fat	7.5	13.1

There is now no standard laid down for the sugar content but the use of artificial sweetening is forbidden.

At the same time that the new Regulations were introduced the Labelling of Food (Amendment) Regulations, 1959, came into operation and these require that from 1st December, 1959, any prepacked “ice cream” should declare on the wrapper that the fat used was non-milk fat.

10. *Sampling.*

During the year, 58 samples of milk and 145 samples of other foods were procured : 69 were formal and 134 informal. The following samples were found to be below standard and details of the action taken is shown in Appendix III.

Pork Luncheon Meat 1 ; Skimmed Milk Powder 1 ; TOTAL 2.

11. *Court Proceedings.*

Legal Proceedings were instituted in seven cases under the Food and Drugs Act ; six were successful and one was dismissed. No cases were taken under the Food Hygiene Regulations, 1955.

12. *Shellfish.*

The following samples of shellfish were taken and the bacteriological findings were all satisfactory :—

Bottled Scallops	1
Bottled mussels	5
Boiled winkles	2
Bottled cockles	6
Boiled cockles	1
Boiled mussels	1
Fresh Oysters	1
Jellied Eels	1
Bottled Crab	2
TOTAL	20

13. *Merchandise Marks Acts, 1887 to 1953.*

89 visits were made during the year to ensure that the provisions of these Acts were being observed. Apart from some verbal warnings, it was not found necessary to take any action.

14. *Labelling of Food.*

We continue to examine the labels of the various commodities on sale to the public, to ensure that they meet the requirements of the various labelling of food orders ; one infringement was noted and the manufacturers agreed to produce a new label which complies with the regulations.

B.—HOUSING.

1. *Housing Act, 1957, Sections 16 and 18.*

23 dwellings were represented to the Public Health Committee as being unfit for human habitation and not repairable at a reasonable expense. They were dealt with in the following manner :—

Undertakings not to relet accepted	....	....	15
Closing Orders made	....	....	6
Demolition Orders made	....	....	2

2. *Informal Notices.*

159 houses were rendered fit during the year without the service of formal notices.

3. *Formal Notices.*

8 houses were rendered fit during the year, following the service of formal notices : 7 being remedied by the owners and 1 by the Council in default of the owner.

4. *Overcrowding.*

(A)	(i)	Number of dwellings known to be overcrowded at the end of the year	....	....	23
	(ii)	Number of families dwelling therein	....		32
	(iii)	Number of persons	....	....	137
(B)		Number of new cases reported during the year			34
(C)	(i)	Number of cases of overcrowding relieved during the year	....	....	32
	(ii)	Number of persons concerned in such cases	....		171
(D)		Particulars of any cases in which dwellinghouses again became overcrowded after the Council had taken steps to abate overcrowding	....		Nil.

C.—COMMON LODGING HOUSES.

The two common lodging houses in the city were regularly inspected and conditions were found to be satisfactory.

D.—MOVABLE DWELLINGS.

Thirty-five inspections were made of movable dwellings in the city and conditions were found to be satisfactory.

E.—FERTILIZERS AND FEEDING STUFFS.

7 samples of fertilizers and 13 of feeding stuffs were procured during the year and all were found to be satisfactory.

F.—RAG FLOCK.

The 2 samples of rag flock taken during the year were found to be satisfactory.

G.—DEPOSIT GAUGES.

During 1959, the three deposit gauges show the following rate of deposition of solid matter, in tons per square mile.

MONTH OF :	TONS PER SQUARE MILE			Average for 1959	Average for previous 3 years
	Dunsford Road	Danes Castle	Tan Lane		
January	7.22	8.84	9.51	8.52	8.94
February	3.36	3.54	3.31	3.40	6.94
March	8.09	9.65	9.75	9.16	8.85
April	7.18	7.04	11.16	8.46	4.88
May	4.83	3.16	10.30	6.10	7.70
June	*9.43	5.61	†7.24	—	9.11
July	3.89	5.57	‡9.72	—	6.88
August	4.13	4.32	5.62	4.69	6.30
September	6.28	3.71	9.92	6.64	6.43
October	7.95	11.49	15.81	11.75	5.49
November	6.81	11.66	10.06	9.51	6.29
December	6.95	8.19	10.58	8.57	11.66
TOTAL	76.12	82.78	112.98		89.47

*Contained grass seed and other vegetable debris.
†Much mineral debris resembling brick dust.
‡Contained mineral debris resembling brick dust.

H.—RODENT CONTROL.

1. Complaints.

366 complaints were received during the year involving 326 properties and these were made up as follows :—

				TYPE OF PREMISES.			Total
				Business	Private	Local Authority	
Rats .. ..	..	..	..	33	116	51	200
Mice .. ..	..	..	..	27	80	19	126
TOTALS ..				60	196	70	326

2 *Routine Inspections.*

Farms and smallholdings	....	....	....	....	10
Other businesses	....	....	....	....	173
Private houses	....	....	....	....	298
Local authority land	....	....	....	....	87
					<hr/> 568 <hr/>

4. *Sewer Treatment.*

The annual test baiting and bi-annual treatments of sewers as required by the Ministry of Agriculture, Fisheries and Food, were carried out as usual in April and October.

J.—GENERAL INSPECTIONS, ETC.

Bakehouses.

Number in city	....	....	....	....	24
Number of underground bakehouses in city				....	—
Number of inspections made	....	....	....	....	50

Vermin, etc.

Number of Council houses disinfested by this department	....	....	....	....	34
Number of other properties :					
(i) found to be infested	....	....	....	....	27
(ii) disinfested by this department	....	....	....	....	27

Wasps and Hornets.

211 nests of wasps and hornets were destroyed during the year.

Offensive Trades.

Number of businesses in city	....	....	....	....	12
Number of inspections made	....	....	....	....	92

Fried and Wet Fish Shops.

Number of fried and wet fish shops in the City	....	....	....	....	52
Number of inspections made	....	....	....	....	72

APPENDIX I

FACORIES.

Factories (including Bakehouses), (Factories Act, 1937, ss. 1-7)
 (A) INSPECTIONS for purposes of provisions as to health :

Premises.	Number on Register	Number of Inspec- tions	Number of written notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	56	55	4	—
2. Factories not included in 1 (above) in which Section 7 is enforced by Local Authority	392	398	9	—
3. Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	89	82	3	—
Totals	537	535	16	—

(B) Cases in which DEFECTS were found :

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecution were instituted.
	Found.	Re-medied.	Referred		
			To H.M. In-spector.	By H.M. In-spector	
Want of cleanliness (S. 1)	5	5	—	2	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable temperature (S. 3)	—	—	—	—	—
Inadequate ventilation (S. 4)	—	1	—	1	—
Ineffective drainage (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient	7	9	—	2	—
(b) Unsuitable or defective	4	3	—	3	—
(c) Not separate for sexes	—	1	—	—	—
Other offences against the Act (not including offences relating to outworkers)	2	2	7	1	—
Totals	18	21	7	9	—

(c) List of OUTWORKERS :

NATURE OF WORK.	Number of Outworkers.
Wearing Apparel (Making, etc.)	42
Curtains and Furniture Hangings	7
Furniture and Upholstery	2
Church Embroidery	5
The making of Cardboard Boxes	13
TOTAL	69

APPENDIX II

Food and Drugs samples reported below standard :

<i>No. of sample</i>	<i>Article</i>	<i>Adulteration of Fault</i>	<i>Action taken</i>
1006	Skimmed Milk Powder	Incorrectly labelled	Matter taken up with manufacturer who has produced a new label which complies with the Regulations.
1009	Pork Luncheon Meat	Contained not more than 75% of meat	Matter taken up with manufacturer, but as there is no legal standard no enforcement action could be taken.

APPENDIX III

Schedule of Clearance Orders confirmed during 1959.

CITY OF EXETER (MELBOURNE STREET) CLEARANCE ORDER, 1958, (Confirmed 10th March, 1959).

1, 2, 3, 4, 5, Melbourne Street.
45, and 46, Holloway Street.

CITY OF EXETER (FORDS BUILDINGS) CLEARANCE ORDER, 1958, (Confirmed 17th June, 1959).

2 and 3, Fords Buildings.

CITY OF EXETER (ALMA PLACE, HEAVITREE) CLEARANCE ORDER, 1958, (Confirmed 8th September, 1959).

4, 7, 8, 9, 10, 15, 16, Alma Place.
8, 9, 10, Gordon Place.

HOUSING.

Details regarding closures, house inspections, etc., is set out on page 55.

The City Architect (Mr. Harold B. Rowe, F.R.I.B.A., A.M.I.-STRUCT.E.), tells me that dwellings were completed during 1959, as follows :—

New permanent dwellings by Council	....	....	239
New permanent dwellings by private enterprise	....	....	161

Total dwellings completed since the last war are as under :—

Constructed 1945 to Dec. 31st, 1959	COUNCIL.			PRIVATE ENTERPRISE.		TOTAL.
	Perm.	Temp.	Rebuilds	New	Rebuilds	
	3,528	430	21	1,074	209	5,262
TOTALS	3,528	430	21	1,074	209	5,262

*12 temporary bungalows have recently been disposed of and the total now in occupation is, therefore, 418.

The Housing Manager (Mr. H. G. Freeman) has kindly sent me the following information :—

“ The number of applicants on the current register (December, 1959) is 2,220. Those whose housing need is NIL or very slight (i.e. credited with 5 points or less) number 630.

“ There are 527 applicants with less than one year’s registration. Not only has the number of applicants lessened during the year, but the ‘ housing need ’ of those applying is also less acute.

“ The accommodation now required is :—

1 bedroom.	2 bedroom.	3 bedroom.	4 bedroom.
	without family.	with family.	
15%	19%	52%	1%
	71%		

“ It is estimated the housing need for slum clearance, court order, development and similar causes for 1960 will be 347 ; this is apart from the ordinary applicants.

“ The greatest difficulty at the moment is that there are no small properties available in or near the City centre to rehouse the many elderly folk to be displaced by the City Slum Clearance schemes.”

As the Council will know, I have been anxious about the effect of flat dwelling on young children. Mr. Freeman tells me that since taking office, he has endeavoured to reduce the number of young children in the 3-storey blocks of flats by transferring on

request, families with three children ; families with two children of opposite sex, aged 5 plus ; and families with two children of same sex if one is attending school and the other is not, or if there is a fair gap in the children's ages. These types of families are being transferred to 3-bedroom houses when available, and similar families from the waiting list are also initially offered 3-bedroom property.

Re-housing on Medical Grounds.

As in previous recent years, recommendations for points on medical-social grounds have been made to the Housing Committee, usually on request by the Housing Department. The table sets out the relevant details.

REASON REFERRED	Total Referred by M.O.H.	Rehoused	Approved for re-housing	Not Approved or Deferred	Applications Lapsed
Tuberculosis	14	6	—	8	—
Statutory Overcrowding	5	3	2	—	—
Substandard Property	6	1	1	4	—
Social Overcrowding Conditions	24	9	1	11	3
Other Medical Social Reasons	32	16	2	10	4
Other Medical Reasons	24	11	—	17	6
TOTAL	115	46	6	50	13

As well, 19 cases were brought forward from 1958 ; 3 were in regard to tuberculous families, 1 of these being rehoused. Of the remaining 16 cases, 2 families were rehoused for medical social reasons, 4 families for medical reasons and 2 families for social overcrowding.

LABORATORY WORK.

During 1959, Dr. B. Moore, Director, Public Health Laboratory, Exeter, reported to us on 644 specimens (exclusive of sputa, etc., for tuberculosis (see page 103)). 341 (including 43 positive) were in respect of food poisoning, dysentery and other diarrhoeal diseases, and 48 (of which 11 were positive) in respect of staphylococcal infection in a maternity unit.

Dr. Stewart Smith, Area Pathologist, Royal Devon and Exeter Hospital, examined 698 blood samples taken from expectant mothers, and also specimens in relation to tuberculosis (see page 78).

CIVIL DEFENCE.

(Ambulance and Casualty Collecting Section).

Ambulance Officer : Capt. F. G. Ireland.

The strength of the Section at the end of the year was 102. Three members were enrolled during the year and 6 resigned.

Weekly training classes were held during February to July and September to December.

8 members obtained first-aid certificates and 4 passed their re-examination. After the examination, the Section practised for the Rowe Cup Competition which was held at Topsham Barracks on Sunday, 5th July.

Since the summer recess, the Section has been through a series of refresher classes including a special Course of Holger Neilson resuscitation drill in conjunction with the Warden and Welfare Sections at St. Paul's School.

Full scale Civil Defence exercises are useful as a means of maintaining interest.

Able-bodied men are still needed on the Section.

ACUTE INFECTIOUS DISEASE.

INFLUENZA.

In 1959 (as in 1958) we had no epidemic of influenza, and only the usual seasonal winter rise in the number of employed persons off sick or absent from school was noted.

FOOD POISONING.

1. Local Authority : EXETER COUNTY BOROUGH. Year : 1959

∴ (a) Food Poisoning notifications (as corrected to Registrar General).

	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
	3	—	8	2	13
(b) Cases otherwise ascertained.	Nil.	Nil.	Nil.	2	2
(c) Fatal cases.	Nil.	Nil.	Nil.	Nil.	Nil.

3. Particulars of outbreaks.

	No. of outbreaks.		No. of cases.		Total No. of cases
	Family out- breaks	Others	Noti- fied	Other- wise	
Agent Identified*	2	Nil.	5	Nil.	5
Agent not Identified	2	Nil.	6	Nil.	6

4. Single Cases.

	No. of cases.		Total No. of cases
	Notified	Otherwise ascertained	
Agent Identified*	4	Nil.	4
Agent not Identified	Nil.	Nil.	Nil.

*Classified according to agents :

(a) Chemical poisons	....	....	....	....	—
(b) Salmonella :					
typhi-murium	....	....	....	....	6
Dublin	....	....	....	....	1
Thompson	....	....	....	....	1
Kiambu	....	....	....	....	1
(c) Staphylococci	....	....	....	....	—
(d) Cl. botulinum	....	....	....	....	—
(e) Cl. welchii	....	....	....	....	—
					9

5. Salmonella infections, not food-borne.

Salmonella (type)	Outbreaks		No. of cases	Single	Total No.
	Notified	Otherwise	(out- breaks)		
1 (Newport)	Nil.	Nil.	Nil.	1	1

There were only 15 cases of food poisoning in 1959 with no major outbreaks and no deaths; 4 small family outbreaks involved two or three persons in each household. In two of the families, *Salmonella typhi-murium* was isolated; though the source of the infection was not proved, an omelette eaten by all three persons affected in one family was strongly suspected. In the other two family outbreaks, no organisms were isolated though on clinical grounds one was thought to have been probably due to *Staphylococcus Aureus*.

In the single cases, *Salmonella typhi-murium* (6 instances), *S. Dublin* (1), *S. Kiambu* (1), and *S. Thompson* (1) were isolated, but in no case was the source found. (In one case in which *Salmonella Newport* was isolated, it was considered that the infection was not due to food poisoning).

The case due to *Salmonella Thompson* is of interest in shewing how even a young baby can pick up the infection yet remain symptom free. An expectant mother developed diarrhoea on the 27th July which was found to be due to *Salmonella Thompson*. Her baby was born at home on the 31st July. The grandmother took over feeding and bathing the baby to limit contact with his mother. As the mother continued to excrete the organism after she was free from symptoms, she was admitted to hospital on the 18th August. The baby was taken in with her to relieve the grandmother and a stool examined on admission shewed *Salmonella Thompson* to be present though he was symptom free and thriving well. Both were treated and discharged free from infection on the 6th September.

Persistent carriage of *Salmonella typhi-murium* was noted in 3 cases. The first was a child of 2 years old, who was found to be excreting the organism when he was in hospital with pneumonia in June. In spite of various courses of treatment, he did not become clear until October. The other 2 cases were a mother and young baby, who became infected in May; they had repeated courses of treatment, but were both still excreting the organism at the end of the year (happily both did clear early in 1960).

TYPHOID.

One case of typhoid was notified during the year; it was an interesting history.

While yachting in the estuary of the River Exe in 1952, a local man had the misfortune to fall in the water not very far from the City's sewage outfall. Shortly afterwards he developed typhoid due to *Salmonella typhi* (phage type A). He made a good recovery and both stools and urine shewed no *Salmonellae*. He remained well until July, 1959, when he developed diarrhoea associated with headache and intermittent fever. The stools, urine and blood were examined on several occasions and no pathogens were found. The Widal reaction was positive for a

dilution of 1 in 125 for O antigen at the start, but rose to 1 in 8,000 three weeks later (indicating current infection). Vague symptoms suggesting gall bladder infection were noted and a therapeutic test with chloramphenicol suggested that this was a typhoid infection. The gall bladder was removed and the patient made a good recovery; the stools and urine on discharge still shewed no *Salmonella typhi*. However, *Salmonella typhi* was isolated from the wall of the gall bladder, but this was of phage type West Mersea and not the original phage type A. The clinical and bacteriological picture of the illness did not suggest a new typhoid infection, but rather an exacerbation of the previous infection. The fact that a different phage type was isolated suggests two possible explanations. It may be that the phage type West Mersea was a degenerative form of phage type A or that the original infection in 1952 was a mixed one of both phage types, but that type A was predominant and so type West Mersea was not isolated then, but did persist in the gall bladder until the present flare up.

PARATYPHOID.

There were no cases of enteric fever due to *Salmonella paratyphi*, but there was a small outbreak (5 cases) of food poisoning due to *Salmonella paratyphi* type 1 (variant 6), in a female surgical ward of one of the hospitals. This particular phage type is known to produce an illness of a food poisoning type and not enteric fever.

The outbreak was brought to our notice on the 9th November when the organism was isolated from a stool specimen of a patient in the ward. She had been admitted on 23rd October as a case of carcinoma of stomach and had developed diarrhoea after operation (gastrectomy); too ill to be transferred to the Isolation Hospital, she had to remain in a side ward, strictly barrier nursed. With treatment her bowel infection cleared up, but she died on 26th November from her original complaint. Immediate investigation had been instituted and stools of all the other patients and staff examined, and admissions stopped. The same organism was isolated from the stools of two other patients and two of the nursing staff. No pathogens were isolated from the stools of the rest of the patients in the ward nor from the patients in the male ward attached to the same unit. Neither of the nurses had any symptoms, but both were junior members of the staff and had been in close contact with all three patients from whom the organism had been isolated. On questioning the two patients (a) and (b) both admitted that they had had a short series of loose motions while in the ward, one (a) on 2nd and 3rd November (12 days after admission) and the other (b) on 8th and 9th November (8 days after admission) though both were at the time of examination symptom free. Following the discovery of the four

more persons infected, the ward was closed and all patients sent home except the two with positive stools who were transferred to the Isolation Hospital along with the two nurses. No further cases developed in the hospital either among the patients or staff and after repeat negative stools from all members of the staff associated with the ward, it was reopened on 22nd November.

The two nurses who were excreting the organism cleared satisfactorily and returned to duty. One of the infected patients cleared, but the other remained a carrier and after her family had been protected with T.A.B. vaccine, she was discharged from the Isolation Hospital to her home outside the City on the 23rd December still excreting the organism.

In spite of intensive investigation and examination of dried soups and protein and milk powders which were made up in the ward kitchen for the patients (all other food came from a central kitchen) no source of the infection could be traced. It is probable that the patient who had diarrhoea on 2nd and 3rd November brought the infection into the ward and that the subsequent cases and carriers were infected by her, though investigation by the Medical Officer of Health of the area in which this patient lives proved negative.

DYSENTERY.

13 cases of dysentery were notified during the year, two of them being diagnosed in Exeter hospitals, but living outside the City. In 10, *Shigella Sonnei* was the causal organism and in 2, *Shigella Flexner*; the other case was found to be caused by *Giardia Lamblia*.

All were isolated cases and were distributed throughout the year.

Flexner dysentery is unusual in this area, but in both cases infection was almost certainly contracted abroad. The first developed diarrhoea while in Turkey on holiday; this persisted mildly until he came home. The second case was in a nurse who had recently arrived in this country from Malaya. A patient admitted to her hospital was found to have dysentery due to *S. Sonnei*. This nurse had some mild diarrhoea though she had had no contact with the case of *Sonnei* dysentery. She was put off work and investigation shewed infection by *S. Flexner Z*.

SCARLET FEVER.

Notifications of scarlet fever were again numerous with 153 cases fairly evenly distributed throughout the year. Most were in pre-school children (50 cases) or in children attending infant schools (82 cases).

The cases were all mild and only in one case was any complication noted. This was a case of surgical scarlet fever following a scald on the face. In the early stages of the illness the patient had two convulsions. There was no epileptic history.

There were a few small school outbreaks with three or four cases, but in a few infant schools the disease appeared to be endemic with cases recurring over several months. In these schools, repeated search was made for missed cases and exclusion of any children found to have haemolytic streptococci of Lancefield group A in their throats or noses seemed to have no effect in preventing new cases developing.

ERYSIPELAS.

Only 6 cases of erysipelas were notified during the year, all in adults. In five of the cases, the face was involved and in the other the leg. This last case had had three previous attacks of erysipelas in the same leg. The infection was associated with a varicose ulcer that kept breaking down.

DIPHTHERIA.

No notifications.

MENINGOCOCCAL INFECTION.

No notifications.

POLIOMYELITIS.

No notifications.

WHOOPING COUGH.

Only 52 cases of whooping cough were notified (one not being an Exeter resident). The cases were distributed evenly throughout the year. 5 were in infants under 6 months old, 3 of these being under 2 months; all made a good recovery with no complications. Only 2 adults suffered from the disease: one of these was severely affected, a woman aged 32, who had contracted the disease from her daughter.

17 of the cases were in children who had previously been immunised and the remaining 35 had not been immunised.

The cases were mostly mild though 8 cases were described as being severe and another 8 moderately severe. Of these 16 more serious cases (including 1 adult), 13 had not been immunised.

MEASLES.

643 cases of measles were notified during the year.

A rise in the notifications to 22 in a week was noted at the beginning of February and it looked as though an epidemic was going to start. However, the notifications remained between 10

and 30 a week up to the end of August (except on two occasions when they rose to 37 and 41 cases and on two occasions when they fell to 3 and 4 cases) and the outbreak never reached epidemic proportions although during that period 524 cases were notified. At the end of November there was again a rise in the number of notifications until the end of the year though the highest number in any week was 35 and this continued in a similar way into the early months of 1960.

The cases were again mild, complications were few and there were no deaths. Most of the cases occurred in children at infant schools. Only 22 cases occurred in infants under 1 year of age.

In urban communities it has been usual for epidemics of measles to occur every second year though at the outbreak of the 1939 war this was apparently disturbed. Study of the measles incidence in Exeter during the last decade suggests that the pattern is not now quite so clear cut.

PNEUMONIA.

63 cases of acute primary and influenzal pneumonia were notified during the year. Most of the cases (36) occurred during the first three months of the year. 26 of the cases were in persons over 60 years old and 4 of these died (there were 39 deaths ascribed to pneumonia during the year).

As mentioned in previous reports, notifications of pneumonia do not give a true picture of the incidence of the disease in the City.

OPHTHALMIA NEONATORUM.

There were 5 cases of ophthalmia notified in 1959, 2 in hospital and 3 at home. Swabs of the discharge from the eyes were negative in 3 cases. Staph. aureus and strep. viridans were grown from two others. The onsets occurred from the 5th to the 21st day of life.

PUERPERAL PYREXIA, 1959.

Cases Notified	CAUSE	Pathological Investigations	Confinement :	
			Home	Hospital
19	Uterine	17	2	17
13	Respiratory	5	4	9
11	Urinary	9	3	8
9	Breasts	2	4	5
12	Other	5	5	7
9	Not known	3	1	8
73		41	19	54

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There were 73 cases of puerperal pyrexia notified in 1959 ; 19 of these cases were notified by doctors.

6 other cases of low grade pyrexia not reaching the level of T. 100.4° were also recorded. The pyrexia was due to flushed breasts, mild urinary infection and catarrhal symptoms.

The majority of the respiratory infections occurred in the early weeks of the year and were ascribed to influenza and bronchitis.

STAPHYLOCOCCAL INFECTION.

Staphylococcal infection continued to cause concern both in general hospitals and maternity hospitals.

The following series of cases illustrates some of the difficulties experienced : the delay in onset—often after discharge from the hospital, (cases 4 and 5), though there is little doubt in many cases that the actual infection has been contracted in the hospital ; the persistent nature of the infection (case 3) and sometimes the severity of the infection, (cases 2 and 15), and spread within a family (case 2).

Case (1). Confined 30.11.58 ; early in January, 1959, she developed a breast abscess at home. Swabs from the baby's nose and umbilicus and a spot on the left eyelid taken on the 8th day of life in December, 1958, had yielded Staph. Aureus 52/52A/80.

Case (2). Confined 10.12.58. On 2nd January, 1959, developed a breast abscess. Routine nasal swabs of the baby at 7 days old had yielded Staph. Aureus 52/52A/80. The child was free from lesions, but the mother developed 4 breast abscesses in succession up to April, 1959, and Staph. Aureus 52/52A/80 was grown from the pus. Her husband developed a boil on the neck also yielding Staph. Aureus 52/52A/80. Nasal swabs from mother and child were negative in March, 1959. Another adult in the family group developed an abscess (buttock) about the same time, but no swab was taken.

Case (3). Baby : born in December, 1958, suffered an acute otitis media in March, 1959. Pus from the discharging ear yielded Staph. Aureus 52/52A/80. The routine nasal swab taken on the 7th day of life had been positive to this organism.

Breast Abscesses.

Case (4). Mother : confined 22.2.59. Had a breast abscess at home on 23.3.59.

Case (5). Mother : confined 3.4.59. Breast abscess at home on 7.5.59.

Since 7th day nasal swabbings of the babies were discontinued after 9.2.59 and no reports are available of any swabs taken from the mothers' discharging breasts, the organisms responsible in these two cases are unknown.

Case (6). Baby : born 10.5.59, had a spot on the neck. Staph. Aureus 29/52 was obtained from the culture.

Case (7). Baby : born on 15.5.59, had had blebs on the trunk. When seen at an infant welfare centre on 19.6.59 swabbings of the infected area were taken and yielded Penicillin Sensitive Staph. 29.

Pemphigus.

Case (8). Baby : born 13.5.59 developed blebs on the body and these yielded Staph. Aureus Type 29 Penicillin Sensitive. The child was moved to the Isolation Hospital.

Cases (9), (10), (11).

Three other cases of pemphigus followed from then on to 9.6.59. All were transferred to the Isolation Hospital and Staph. Aureus Type 29 was the organism responsible.

Sterzac (Hexachlorophane) Powder was used for the umbilical dressings of all babies from 1.6.59 : Hibitane Cream for the nurses' hands had already been in use at Mowbray House since June, 1958.

Case (12). On 11.6.59 a midwife came from the district to work at Mowbray House and on 17.6.59 this midwife had to go off duty with a septic gnat bite from which Staph. Aureus 29 was grown.

Case (13). The following weeks were clear until Baby : born on 10.8.59 attended the welfare centre with a widespread spotty rash from which Staph. Aureus Type 6/7/47/54/75 was grown. This was soon under control with 1% Gentian Violet and the mother remained well.

Case (14). Baby : born on 19.8.59 also had a small skin lesion which yielded Staph. Aureus 47/75/77.

Scarlatiniform Rash.

Case (15). Mother : confined 11.12.59, developed a scarlatiniform rash on 15.12.59 and was transferred to the Isolation Hospital, Whipton. Throat swabs were taken of all contacts, but haem. streps. were not found. A vaginal swab from the mother yielded staph. aureus 52/52A/80 sensitive to penicillin and considered a non-pathogenic type. The rash was considered to be due to Staph. Aureus infection and not true scarlet fever. The last time a virulent Staph. Aureus 52/52A/80 was recovered from a mother or baby in Mowbray House had been 31.12.58.

Pemphigus.

In all, 6 cases were notified, including the few cases discussed above (Cases (8), (9), (10), (11)) : there were two others notified from Redhills Maternity Unit (which mainly serves the County area). The mother of one had a few septic skin spots on admission : a swab from these was sterile. The baby had a few spots on the back of the head on the 5th day from which Staph. Aureus 6/47/83 (Penicillin Resistant) was isolated. The swab from the other baby's spots was sterile on culture.

All 6 cases were very mild.

Table XI.

ACUTE INFECTIOUS DISEASE
CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1959 (EXETER RESIDENTS)
after correction of diagnosis.

DISEASE	AGES OF CASES NOTIFIED													Cases admitted to Isolation Hospital
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Total	
Scarlet Fever	3	6	9	22	16	96	7	2	—	—	—	—	161	7
Whooping Cough	9 (1)	7	5	9	1	16	2	—	2	—	—	—	51 (1)	3 (1)
Measles	22	74	72	101	77	275	16	4	2	—	—	—	643	13
Erysipelas	—	—	—	—	—	—	—	—	1	1	3	1	6	—
Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio. (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	2	—	—	2	4	1	4	4	10	16	18 (1)	62 (1)	5
Ophthalmia Neonatorum	1 (4)	—	—	—	—	—	—	—	—	—	—	—	1 (4)	—
Puerperal Pyrexia	—	—	—	—	—	—	—	4	43 (20)	7	—	—	54 (20)	5 (2)
Dysentery	—	—	—	1	—	1	2	1	4 (1)	2	—	— (1)	11 (2)	3
Food Poisoning	—	—	—	—	1	—	2	1	2	3	3	1	13*	2
Para. Typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Enteritis (not a notifiable disease)	9 (1)	4	—	—	—	1 (1)	3	1	2	— (1)	2	1	23 (3)	19 (1)

Deaths :
Enteritis 1 ; Pneumonia 4.

*2 other cases (aged 50) were ascertained other than by notification.

(Figures in brackets represent additional cases notified to this authority but with home addresses outside the city).

Table XII.
ACUTE INFECTIOUS DISEASE.
MONTHLY INCIDENCE OF INFECTIOUS DISEASE NOTIFIED DURING 1959 (EXETER RESIDENTS)
after correction of diagnosis.

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Cases admitted to Isolation Hospital
Scarlet Fever	7	14	19	15	17	18	16	10	2	8	18	17	161	7
Whooping Cough	3	3	8	1	6	3	1	9	7	2	5 (1)	3	51 (1)	3 (1)
Measles	9	70	88	110	60	45	54	83	4	7	19	94	643	13
Erysipelas	—	—	1	—	—	1	—	—	1	1	—	2	6	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	7	4	23 (1)	7	4	4	2	1	2	4	2	2	62 (1)	5
Ophthalmia Neonatorum	—	—	—	1	—	1	—	—(2)	—	1	—	—	3 (2)	—
Puerperal Pyrexia	—(1)	7 (1)	5	4 (2)	4 (2)	6 (1)	2 (1)	5 (2)	4 (2)	7 (2)	—	10 (6)	54 (20)	5 (2)
Dysentery	—	—	—	1	1	—	—	5	1	2 (1)	1	—(1)	11 (2)	3 (1)
Food Poisoning	1	2	—	—	—	—	—	4	4	2	—	—	13*	2
Para. Typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Enteritis	2	2	1 (1)	—	1	3	1 (1)	2	2	5 (1)	—	4	23 (3)	19 (1)

(Figures in brackets represent additional cases notified to this authority but with home addresses outside the city).
* 2 other cases (in Oct.) were ascertained otherwise than by notification.
Deaths :
Enteritis 1 ; Pneumonia 4.

Table XIII
THE BLIND.
 FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS — 1959.

	CAUSE OF DISABILITY							
	CATARACT		GLAUCOMA		RETROLENTAL FIBROPLASIA		OTHERS	
	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted
(i) Number of cases registered during the year in respect of which Sec. F, para. 1 of Form B.D.8 (Revised) recommends : (a) No treatment.	5	—	1	—	—	—	9	—
(b) Treatment : (Medical, surgical or optical).	1	—	2	—	—	—	5	—
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	—	—	2	—	—	—	3	—

SPASTICS.

There are 51 known cases of cerebral palsy which have come to the notice of the department (at 31st December, 1959). There is little doubt that there are far more cases than is suggested here, though we think the ascertainment up to school leaving age is fairly complete. Mild cases may be missed. 10 new cases were discovered during the year, 5 girls and 5 boys, ages ranging from 1 to 6 years.

The tables below shew the present position of the patients in relation to occupation, education, etc. :—

TABLE OF SPASTICS.
(According to type and handicap)

TYPE	TOTAL		Spastic		Athetoid		HANDICAP					
							(A). Severe		(B). Mod.		(C). Mild	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Hemiplegia	16	4	16	4	—	—	—	1	5	2	11	1
Monoplegia	1	—	1	—	—	—	—	—	—	—	1	—
Diplegia	5	3	5	3	—	—	—	2	3	1	2	—
Paraplegia	6	5	6	5	—	—	3	1	1	2	3	1
Quadriplegia	1	4	1	4	—	—	—	4	—	1	—	—
Others	1	2	2	2	3	—	3	—	—	3	—	—
TOTALS	33	18	30	18	3	—	6	8	9	9	17	2

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TABLE OF SPASTICS.
(According to placing etc.)

AGE GROUPS	Sex		At Home	Day School	Day Special School	Residential School	Occupation Centre	Working	Training College for Handicapped Persons	Hospital for Mental Defectives
	M.	F.								
0—4	6	4	9	—	—	1	—	—	—	—
5—14	16	9	3	11	4	2	2	—	1	2
15—64	11	5	5	—	—	—	—	10	—	1
65 plus	—	—	—	—	—	—	—	—	—	—
TOTALS	33	18	17	11	4	3	2	10	1	3

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EPILEPTICS.

We know of 127 epileptics, (22 boys, 32 girls, 43 men and 30 women) in the City, *i.e.* 1.6 per thousand of the population. It is very likely that the numbers shewn in the table below of ages 15 years upwards are a substantial under-statement. Of the 73 above 15 years of age, 34 are working, but I have no doubt far more than this number of epileptics are working and managing perfectly well.

There were 4 new cases discovered during 1959 (including 1 child under 5 years of age, 1 girl aged 5 years is at home, 1 boy attending ordinary school in the City, and 1 man aged 50 working.

TABLE OF KNOWN EPILEPTICS (at end of 1959).

AGE GROUPS	Sex		<i>At Home</i>	<i>In Special School</i>	<i>Day School</i>	<i>Working</i>	<i>In Colony</i>	<i>Adult Training Centre</i>	<i>In M.D. Institution</i>	<i>In Hospital</i>		<i>In Hostels</i>
	M.	F.								<i>Mental</i>	<i>General</i>	
0—4	1	5	5	1	—	—	—	—	—	—	—	—
5—14	21	27	8	2	38	—	—	—	—	—	—	—
15—64	42	28	22	—	1	34	—	2	—	8	1	2
65 plus	1	2	1	—	—	—	—	—	—	2	—	—
TOTALS	65	62	36	3	39	34	—	2	—	10	1	2

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NATIONAL ASSISTANCE ACTS, 1948 TO 1959.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION.

No compulsory removals were effected during 1959, though 4 elderly women were referred to us as possibly appropriate for such action : in 1 (an epileptic) no special action was necessary : 1 died at home ; 1 went to a welfare hostel voluntarily, was transferred to a mental hospital later and subsequently died ; and 1 went to hospital voluntarily.

MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL.

271 medical examinations were carried out during the year in relation to employment, superannuation, retirement on sickness grounds, including 6 for other authorities. 50 X-ray examinations were made.

The Transport Committee has now requested the annual medical examination of all drivers over the age of 60 years and the first examination under this scheme was made late in the year.

PUBLIC HEALTH ACT, 1936. (Sections 187-195).

Registered Nursing Homes	1
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NURSES ACT, 1943.

Registered Agencies	1
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CHILDREN'S COMMITTEE.

The medical arrangements are unchanged and remain as described in my previous reports.

CHILD NEGLECT.

The Child Care Committee continued to meet each month during the year under the Chairmanship of the Medical Officer of Health. Mr. Lewis, Area Manager for the National Assistance Board, joined the Committee and has proved a most useful addition as most of the families discussed are in receipt of national assistance and well known to his department. We welcomed Mr. Watkin, who was appointed N.S.P.C.C. Inspector on the retirement of Major Bartlett, in December, 1958.

13 new cases were discussed during the year and 5 cases were re-opened; 6 new ones were rent arrears cases, in which the children's welfare is inevitably endangered. The other 7 cases were all concerned directly with child neglect.

4 of the new cases were closed during the year, as were 2 of the re-opened cases, and 3 old cases, leaving 17 open cases at the end of the year.

Free home help was not recommended for any case during the year.

LOCAL HEALTH SERVICES.

(National Health Service Act, 1946).

HEALTH CENTRES.

No progress was made in regard to General Practitioner health centres.

MATERNITY AND CHILD WELFARE.

MATERNITY.

Confinements.

1,853 live and stillbirths were notified in the City in 1959, including 1,310 in hospitals and 51 in mother and baby homes : 708 births were to mothers not normally resident in Exeter (" transfers-out ") and there were 25 live and stillbirths to Exeter mothers who were confined elsewhere (" transfers-in "). Thus, there were 1,170 Exeter births of which 459 (39%) were deliveries at home and 711 (61%) in hospitals, etc., roughly the same proportions as in the country as a whole.

Ante-Natal and Post-Natal Care.

(i) Ante-natal Clinics. There are no medical ante-natal clinics conducted by the Authority. The home midwives conduct 25 ante-natal sessions a month. During the year 709 mothers attended, making 2,785 attendances.

(ii) Free Home Help. For some years free home help in certain cases of toxæmia of pregnancy has been allowed by the City Council. The number of cases dealt with as free cases during 1959 was 10 ; 5 of these had been booked for home confinement, 2 for the general practitioner unit and 3 for the acute hospital unit. All but 2 of the babies survived, and did well.

The significance of toxæmia in the ante-natal phase is well recognised : and as indicated elsewhere, it causes us some anxiety in the City.

(iii) Blood Tests in Pregnancy. These tests (698) were carried out in Dr. Stewart Smith's Pathology Department at the Royal Devon and Exeter Hospital ; so far as haemoglobin values are concerned, they shew a better picture than in 1958. Additionally some doctors make haemoglobin estimations themselves but I have no details. Our objective now is to secure that every expectant mother has at least one and, if possible, at least two blood examinations during pregnancy, for anaemia during pregnancy is not uncommon and is sometimes serious : the significance, too, of the Rhesus factor is now well recognised.

	HAEMOGLOBIN %							Not known	Total
	40-49	50-59	60-69	70-79	80-89	90-99	100+		
Samples :	1	11	114	276	169	46	7	74	698

BLOOD GROUPINGS AND RHESUS FACTOR

Blood Group :	Rhesus +	Rhesus —	Total
A	210	92	302
B	46	13	59
O	226	83	309
AB	14	1	15
Not known	0	0	13
Totals	496	189	698

WASSERMAN AND KAHN TESTS (for constitutional disease)

W.R. + repeated with negative result	....	....	1
W.R. doubtful, repeated with negative result	....	....	1
W.R. A.C. ....	....	....	1

(iv) Relaxation Classes. 180 classes, mainly for mothers in their first pregnancy were held, 386 mothers making 2,160 attendances.

(v) Mothercraft Classes. Miss White, Deputy Superintendent, continues to give these classes at the Exeter Maternity and District Nursing Home twice in the month. Each mother is invited to attend twice in all. 194 mothers attended.

CHILD WELFARE.

Child Welfare Centres.

These continued as usual. About half of all the pre-school children in the City and about three-quarters of the children under 1 year old attend the child welfare centres. The babies under 1 attending for the first time numbered 845, equal approximately to 74% of the number of babies born in the City during the year. In all the clinics the number of children attending during the year was 2,652, making 17,716 attendances (including 286 at the toddlers' clinics). Of these children, 725 were born in 1959, 765 in 1958 and 1,162 during the period 1954 to 1957. The total number of first attendances was 989. (See Tables XVI and XVII)

Toddlers' Clinics.

At the Whipton Toddlers' Clinic, run on the appointment system, 200 appointments were sent out ; 135 children attended, averaging 12 per session. The Eastern Toddlers' Clinic was held 12 times during 1959 when 151 children over the age of 18 months attended. As in the past, these special sessions for toddlers enabled the doctor to see and examine many children who had not been seen for a year or more.

12 cases were referred from infant welfare clinics to The Princess Elizabeth Orthopaedic Hospital in 1959, 17 to the Royal Devon and Exeter Hospital, 8 to the Child Guidance Clinic and 10 to the Council's Speech Therapist.

Health Visitor Consultation Clinics.

(1). Burnthouse Lane Clinic. This venture was commenced in September, 1957, in the Burnthouse Lane district, where the needs of the area were great, varied and demanding. It was decided to try out a special regular weekly session at the clinic where the health visitor was wellknown and where she could give much more of her time to private interviews with people on her district in familiar and reasonably comfortable surroundings.

At this clinic, family problems predominate in the discussions on :—

- (a) Budgeting. This instils confidence where the family management is inefficient financially. It is found there are quite a few "regulars" who rely on this type of advice to "keep their heads above water." This involves sorting out hire purchase, clothing clubs and grocery bills, as well as being in touch with the National Assistance Board, the Housing Department (regarding rent problems) and picking out the best line of approach to each mother.

Pay-in books are frequently submitted for the health visitor to inspect, and if the people co-operate, the rest of the family soon benefit as shewn by happiness, better diet, adequate clothing, and all the things that help to raise morale, and encourage positive health.

- (d) Domestic issues are often discussed by harassed mothers who have become overburdened by irregular incomes, chronic-sick or aged relatives, maladjusted or delinquent children.
- (e) Housing queries are also incorporated in interviews, especially with a history of either mental or physical illness.

Informal talks in small groups are introduced, as convenient, to give practical demonstration on commonplace topics :—

- e.g. Prevention of Accidents in the Home.
- Meals on a Budget.
- Economical Cooking.
- Make Do and Mend.

This clinic has progressed so well that another health visitor is now taking part ; it is found there is almost no limit to the range of problems to be discussed. If staffing and equipment allow, we could make such centres into little Settlements.

(2). Whipton Clinic. A regular weekly consultation clinic was commenced in November, 1957, in Whipton, a fairly high-class and mixed residential district. Here, the needs are quite different.

These sessions are held in a modern Infant Welfare Clinic in the precincts of a new large housing estate. The two health visitors aim primarily to give more time to the mothers, who are over anxious about their children, especially the first-born, than is possible at the ordinary infant welfare clinic. Mothers come to realise that it is unnecessary to weigh baby too often.

In this area, a discussion is arranged once a month, between 3 and 4 p.m., about any topic the mothers care to choose ; after it, there is " tea and biscuits " which lasts, say 20 minutes. Subjects have included the Mental Health of the Growing Child, Home Safety, Foot Hygiene, etc. Outside speakers have been invited, and sometimes filmstrips have been used as a visual aid.

The problems which crop up in the interviews with the mothers have included :—

- Unaccustomed flat accommodation.
- Shortage of shops.
- Long distance to any community activities.
- Sudden isolation from all relatives and friends—up-rooting.

(3). Buddle Lane Clinic. In February, 1959, a third consultation clinic was established, located in the Buddle Lane Infant Welfare Centre, which is sited in an average sort of housing estate where there is a strong community spirit. This tends in practice to be more of an overflow child welfare clinic to reduce the burden at the regular sessions.

It is felt that these three clinics in their different ways contribute much to the welfare of mothers and children. They differ in their practical approach which depends to a considerable extent on the health visitor individually concerned and the needs of those in the area served.

The problems of mothers, whilst generally probably similar, vary from area to area in their emphasis, and the social background contributes to these differences.

BUDDLE LANE DAY NURSERY.

There is increasing demand for admission to the Council's Day Nursery: the percentage of priority cases amongst those attending the nursery, averaged monthly, was 58%. Most of the other children were admitted because of poor housing conditions and financial hardship.

The general physical and mental health of the children has been satisfactory. 11 children required dental treatment.

Cases of infectious disease included:— scarlet fever (1), whooping cough (1), measles (1), and chickenpox (1).

Table XIV.
DAY NURSERY.

NURSERY						Buddle Lane.	
AGE GROUP IN YEARS						0—2	2—5
Number of Places	....	....	....	....	....	15	25
Number on roll at beginning of 1959			....	....	....	3	21
Number on roll at end of 1959		....	....	....	....	4	28
Mothers working full-time	} At end 1959	....	....	....		22	
Mothers working part-time		....	....	....		—
Other reasons		....	....	....		3	
Maximum Attendance	....	....	....	....	....	6	27
Minimum Attendance	....	....	....	....	....	3	7

NURSERIES AND CHILD MINDER'S REGULATION ACT, 1948.

There are no child minders registered for fees payable by the Local Authority at present. There is 1 registered privately owned nursery (24 places).

PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD.

The number of cases dealt with for the year 1959 is the highest annual figure so far; there was an increase in school girls helped—two being 14 years old, four 15 and one just 16. There was also an increase in the number of girls cared for, from what might be styled better class homes. Although there were more cases dealt with this year, the number of babies placed for adoption has fallen.

The number of home visits is less than in 1958. Difficulties and delays in using public transport were mainly responsible, and some of the interviews were out of the City area and took a lot of time. Ineffective visits (e.g. because of absence from home) are not included.

The Wilfrid House Shelter for women and girls should be mentioned. It was established in Queen's Crescent in 1959 by the Devon and Exeter Police Court Mission. This gives temporary shelter for up to three women and girls over 16 years of age.

Close co-operation has been maintained with the local doctors and Statutory Authorities, and the two Mother and Baby Homes.

ST. OLAVE'S HOME.

Report for the year ending 31st December, 1959.

Number of admissions	....	....	....	34
(including 10 Exeter residents)				
Number of children adopted	....	....	....	14
(including 3 Exeter mothers' babies)				
Number of children taken by mothers or relatives	....			20
(including 7 Exeter mothers' babies)				
Number of children fostered	....	....	....	1

The Council's midwives delivered 26 mothers in the Home.

ST. NICHOLAS HOUSE.

(Owned by the Exeter Diocesan Moral Welfare Council).

This Home continues to be busy. 42 mothers were admitted (no City cases); 13 mothers returned home, taking their babies with them; 11 babies went to adopters and 2 went to foster parents. 4 mothers used the Home as a hostel. The Council's midwives delivered 25 mothers in the Home.

PHENYLKETONURIA.

This rare abnormality is due to a congenital inability to deal with certain compounds found in many foods, including milk. It leads to severe mental subnormality, and the only hope of arresting this result is by early recognition and appropriate dieting.

In July, 1957, the testing of urine for phenyl pyruvic acid with ferric chloride (5% solution) was started at the infant welfare centres in Exeter. Children of all ages from 6 weeks to 5 years were tested IF the urine could be obtained, Dr. Ward and the health visitors doing the tests.

During 1959 urine testing was made easier by the introduction of Phenistix which could be used on a recently wet napkin. At the suggestion of a family doctor, the district midwives commenced testing the urine of all babies they were attending when 3 weeks old. These latter tests were done with ferric chloride solution, commencing in July, 1959, and had only been proceeding for one week when the first case was found—a boy aged 3 weeks.

Between July 1st and December 31st, 1959, the district midwives tested 280 babies with this one positive result. They began to use Phenistix (a colour-change test in a chemically treated paper on a small stick) in October, 1959. Phenistix certainly have been a help, for the stick can be quickly dipped into a puddle on the floor, in the scales or wherever else the urine should fall, as well as on the wet napkin. The midwives test the urines of all babies born at home, at 3 weeks of age.

After consultation with Dr. Brimblecombe, we agreed that the aim should be to test the urine of every child at 3 weeks of age and to repeat it at 6 weeks of age or as soon after that as practicable. The health visitors have, since November, 1959, been systematically testing the urines of babies not born at home, at 3 weeks and of all babies at 6 weeks or as soon afterwards as practicable. Thus every baby (wherever it is born) is to be tested twice. This is truly a terrific task, and only the hope of saving one or two children from severe mental subnormality could justify our undertaking it and only such a hope could enable the health visitors and midwives to maintain their efforts.

Baby A. The first positive case was born at home on 10.7.59. His urine was tested and found positive to phenyl ketones on 31.7.59 and he was admitted to hospital under Dr. F. S. W. Brimblecombe (who has given me most of the clinical information which follows), for special dietetic treatment on a low phenyl alanine diet, on 1.8.59. He was the youngest of 6 children, 4 others being normal, but a boy born in 1951 is a low grade mentally subnormal child, unable to attend school; the urine of this older child was tested on 6.8.59 and was also positive to phenyl ketones. (No other positive cases were detected in the children of family relations living in Exeter). The three weeks old baby, a fair haired child, was admitted to hospital on 28.9.59 and the level of phenyl alanine in his blood on admission was 45.4 mg. per 100 ml. (normal being 1—2 mg. per 100 ml.). Within two days of treatment his urine was negative to the ferric chloride tests and a week after admission his hair was becoming darker. His blood phenyl alanine remained normal whenever tested during his first two months in hospital.

On 23.9.59 the development quotient on the Griffiths Scale was recorded as G.Q.95 (normal being 100). He went home on the special diet in November, 1959. Subsequent progress showed he was sitting up alone at 7/12 years of age. His G.Q. in December, 1959 (Griffiths Scale) was estimated at 77 and on 28.4.60 as 70; so that it appears there has been some retardation.

Baby B. A case found in hospital paediatric out-patients. Born 1.5.58, the fourth child of healthy parents whose siblings are all mentally normal, was seen at hospital in August, 1959, when aged 13/12 months. He was unable to sit, crawl or stand, a fat fair grossly retarded child who had a tremor of the hands and

head and nystagmus. His urine was positive for phenyl ketones and he was admitted to hospital for special treatment with a low phenyl alanine diet on 8.8.59.

His G.Q. (Griffiths Scale) on 11.9.59 was 22 and when repeated on 5.11.59 it had risen to 29. His serum phenyl alanine on admission was 32.5 mg. per 100 ml. (normal 1—2 mg. per 100 ml.).

He was discharged home on the special diet on 15.10.59. He was re-admitted on 30.10.59 on account of vomiting and discharged home again on 3.12.59.

Subsequent progress—he could sit alone without support at 1 11/12 years.

From 1957 to the end of 1959, 902 children under 2 years of age were tested. Total live births in 1959 numbered 1,170 and of these infants 595 have been tested.

Results :— Negative 594 ; Positive 1.

PHENYLKETONURIA — URINE EXAMINATIONS.

Births, 1959 :	TESTED (Ferric Chloride tests)			
	Neg.	Pos.	Total	% of Total Births
Jan. 1st— Dec. 31st.				
1,170	594	1	595	50.8%
Nov. 26th— Dec. 31st.	PHENISTIX IN USE			
104	77	Nil.	77	74.0%

There are 3 known positive cases in Exeter in a population of 77,400, i.e. 1 in 25,800, but we do not know the real incidence.

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1959.

(J. C. LAWSON, L.D.S., R.C.S. (ENG.)).

It is with much satisfaction that I report on the work of the Maternity and Child Welfare Dental Service.

This year we have, with exception of two months, been fortunate in having a full establishment of staff. Mr. K. S. Chambers, L.D.S., resigned his appointment as dental officer to the St. Thomas Clinic on 30th June, 1959 and the vacancy was filled by the appointment of Mrs. R. M. Blood, L.D.S., on 1st September, 1959.

Mrs. R. M. Blood is the first woman dental surgeon to be appointed by this Authority and I find that many young mothers prefer to receive their treatment from one of their own sex. Also many pre-school children appear less apprehensive when the dentist is a lady.

The co-operation we have received from the doctors, nurses and midwives is much appreciated and it is only by their persuasive efforts that the number of mothers attending for treatment has increased. In recording this, I would make special note of the co-operation of the Matron of St. Olaves Home who insists that all the patients in her care have adequate dental treatment either from us or their private dentists.

Table (a).

Mothers and Children provided with dental care.

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing mothers	176	157	135	119
Children under five years	198	165	143	142

Table (b).

Forms of Dental treatment.

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	55	240	—	2	429	74	24	34	17
Children under five years	—	67	17	—	343	173	—	—	—

Expectant and Nursing Mothers.

Of the 176 inspected, the following details show source of patient :

Home Midwives	....	....	....	....	88
Maternity & Child Welfare Clinics	....	....	....	....	28
Private Doctors	....	....	....	....	12
St. Olaves Home	....	....	....	....	22
Post Natal Cases	....	....	....	....	26

Pre-School Children.

198 pre-school children were examined, including 169 whose parents desired treatment or who were referred from Child Welfare Clinics and 29 in Buddle Lane Nursery (of whom 18 were found to have sound teeth).

Anaesthetics.

The services of Dr. N. G. P. Butler our consultant anaesthetist have been much appreciated by the dental department during the year.

In conclusion I would like to thank the dental officers and dental staff for their hard work and co-operation during the year.

MIDWIFERY.

Supervision of Midwives. (Midwives Acts 1902-1951). In all, 71 midwives gave notice of intention to practise within the City. These included 52 employed by hospitals, 15 employed by the Exeter Maternity and District Nursing Association on behalf of the City Council, 3 engaged in private practice and 1 employed by Devon County Council.

The Council, as the Local Supervising Authority, has had from January 1st, 1958, an obligation to secure the provision of refresher courses, approved by the Central Midwives Board, for all midwives who have not within the previous five years taken such a course and who have not qualified within that period. 6 institutional midwives and 3 domiciliary midwives attended courses in 1959.

Miss Reynolds, Supervisor of Midwives, made 41 investigations at Mowbray House Maternity Unit (24 because of puerperal pyrexia, 1 re discharging ear, and 2 re septic spots (all mothers), 8 visits re discharging eye and 6 re septic spots (in babies)); as well as 13 at Redhills Hospital (8 re puerperal pyrexia (mothers), 2 re discharging eye, 2 re septic spots and 1 re rash (all babies)).

Medical Aids (i.e. midwives' requests for assistance from doctors) :— 10 medical aid notices (all from hospital midwives) were issued by midwives ; 484 other notifications by midwives in respect of stillbirths, artificial feeding, etc., as required by the rules of the Central Midwives Board were received. (See Table XIX).

DOMICILIARY MIDWIFERY.

(See also Table XIX, Page 113).

Organisation. The staffing position and general organisation remained unchanged. The midwives, all of whom are resident in the home, work on a rota system, taking the cases in rota (day and night) ; they do not each cover a specified area ; this secures a fair distribution of the work. Each midwife has five days off duty a month (one day each week, and two days every fourth week) with a clear night off before and after the off-duty day.

Part II Midwifery School. From 1st June, 1959, the pupil midwives' Second Part training in Exeter was altered from six months on the district to three months in the Maternity Unit of Exeter City Hospital and three months on the district, in that order. This arrangement has worked satisfactorily. The pupils take any necessary inhalation analgesia cases during their three months residence at the City Hospital ; their training at mothercraft and relaxation classes and infant welfare centres is taken during their second three months, on the district, during which time their lecture syllabus is also completed.

Of the 15 pupils who sat the examination, 14 passed on first entry, the remaining pupil on " re-sit." 12 of them were trained wholly on the district and 3 in conjunction with the City Hospital. 2 remained on our staff for Queen's training, 1 took Queen's training elsewhere, 2 are doing district midwifery in other parts of the country, 9 returned to hospital and 1 married on completion of training.

Refresher Courses. One midwife attended a residential post-graduate course.

Transport. At the end of 1959 the home midwifery and home nursing service had 14 cars, 1 van, 2 Lambrettas and 5 motor-cycles owned by the City Council : in addition, mileage allowances were paid to members of the staff using their own cars (8) and Lambrettas (2). The midwives always have priority in the use of the Council's vehicles.

Confinements. The City's domiciliary midwives attended 509 mothers confined in the City in 1959, including 11 with home addresses outside the City, 26 in St. Olave's Home (9 of whom were Exeter residents) and 25 in St. Nicholas House (none being Exeter residents).

(1 mother was attended by a private midwife. Mothers in prison are not now ordinarily delivered in Exeter Prison).

In all but 24 cases (16 involving forceps) the midwives actually delivered the babies. The City midwives paid 15,238 visits to mothers either during the pregnancy, the labour or the lying-in period.

St. Nicholas House and St. Olave's Home. During the year, the home midwives delivered 25 mothers in St. Nicholas Home and 26 in St. Olave's Home. They also nursed 11 mothers in St. Nicholas and 4 in St. Olave's, who had been delivered in hospital. They always have the active co-operation of Miss Cooper, Matron of St. Nicholas House and Miss Golding, Matron of St. Olave's Home.

Premature Babies. 23 of the babies delivered by the home midwives were premature by the weight standard; 2 died (1 at home, 1 in hospital); 1 other premature baby was transferred to hospital.

Neonatal Care. The home midwives continued to supervise the welfare of the newborn infants attended by them at home, for the first three weeks of life. The midwives frequently supervise the welfare of the mother and child beyond 21 days (233 cases in all). They also made 513 visits to 56 infant feeding problem cases, mainly referred by doctors. The weekly report to the Superintendent Health Visitor about all these various infants has been continued.

EARLY DISCHARGE FROM HOSPITAL.

The tables shew that more work has been placed on the domiciliary midwifery service in 1959 than in 1958 by early discharge from hospital maternity units.

CITY MOTHERS DISCHARGED FROM HOSPITAL MATERNITY UNITS DURING PUERPERIUM TO THE CARE OF DOMICILIARY MIDWIVES.

Year	Total No.	DAY OF PUERPERIUM DISCHARGED									Over 10th
		2nd	3rd	4th	5th	6th	7th	8th	9th	10th	
1958	169	20	17	14	16	10	11	9	11	8	53*
1959	244	16	17	16	10	6	14	14	12	28	111†

* Includes 26 on 14th or later day.

† Includes 36 on 14th or later day.

VISITS BY DOMICILIARY MIDWIVES TO MOTHERS DELIVERED IN HOSPITAL AND DISCHARGED TO CARE OF DOMICILIARY MIDWIVES.

Year	Discharged within 7 days of confinement	Discharged within 14 days of confinement	Discharged on 14th (or later day)	Subsequent Health Visits after 14th day	TOTAL
1958	1,248	1,816	265	417	2,498
1959	1,044	2,115	199	727	3,041

Oxygen was used for 18 babies on the district and in 3 of these cases also during the transfer of the baby to hospital. Intra-gastric oxygen was not used at all. 3 died. 13 responded well at home and 2 responded to hospital care.

Analgesia. All our domiciliary midwives are qualified to administer gas and air analgesia. Of the 5 midwives in private practice and prison practice, 2 were qualified to administer gas and air analgesia. In 432 of 509 deliveries conducted by the Council's midwives (i.e. in 85%) gas and air was administered; trilene analgesia alone was given in 28 cases, and in all the other 49 cases there was some good reason why analgesia should not be administered, including 10 refusals by the mothers, 38 very rapid labours and 1 medical reason. In 284 cases pethidine was given; this figure includes 221 to whom pethilorfane was given (a combination designed to counteract any depressant effect of the pethidine on the newborn infant). Trilene was administered alone (by the midwives) in 27 cases and in combination with other analgesic agents in a further 96 cases.

Birth Control.

A Birth Control Clinic is conducted by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's Memorandum 153/MCW are referred to the local authority and granted financial assistance. Since 1930 a total of 339 cases has been referred.

HEALTH VISITING.

Organisation. The decentralisation of the health visiting service has continued and is proving worth while. Two health visitors now work from the Shakespeare Road Clinic (since July) and two from the Alice Vlieland Clinic (since November): in all, four clinics are used as local headquarters.

Staff. The staff was unchanged. Monthly staff meetings have been held and have been made the occasion of informative discussions with various officers of voluntary and statutory agencies. Staff health has been satisfactory. The central office (Southernhay) now has a small library of useful books.

Refresher Courses. The Superintendent and one health visitor attended residential refresher courses.

Transport. At the end of 1959, four health visitors had casual car allowances and two had motor bicycle allowances.

Child Welfare Clinics. The health visitors attend six child welfare sessions every week and two toddler clinics a month; they conduct weekly consultation sessions at three child welfare clinics, Whipton, Burnthouse Lane and Buddle Lane, that at Buddle Lane Clinic having begun in February, 1959. (See also pages 78-80 for full account and table No. XVII).

Home Visiting. (a) *Home visits* numbered 19,245 including 5,739 to babies under 1 year and 946 to expectant and nursing mothers. Details are set out on page 92.

(b) *Selective visiting* is increasing; despite the anxiety which results from the feeling that some babies whose mothers are anxious about them may be missed, such selection is inevitable in present-day conditions.

(c) *Visiting of the aged* takes an increasing share of the health visitors' time. 552 visits were made to 121 old people of whom 67 were living alone. The health visitors are trying to re-establish the central index of old persons who are known to have needed, or are likely to need help from outside sources—whether statutory or voluntary agencies. This register had to be abandoned some years ago because of staff shortages.

(d) *After-care visits* (mainly on hospital request) have numbered 322—a substantial increase (82) over the figures in 1958.

(e) *Diabetes Health Visiting.* Mrs. Dunham, who attends the hospital diabetes weekly clinic reports that she visits on request by the Consultant Physician with the concurrence of the family doctor, Exeter diabetic patients attending the clinic; there are 42 cases on her books and she made 217 follow-up visits.

She gives instruction on their diet, helps them to weigh and measure carbohydrates and, as necessary, advises on any modifications needed in their way of life. Advice is given on the care of the feet. Emphasis is laid on the importance of diabetic persons carrying their special cards, indicating that they are diabetics, and stating how much insulin is being given. In addition, she prepares home background reports for the Physician, as required.

A large number of the over 40's are having oral therapy, which is successful in most cases.

(f) *Problem Families and Families with Problems.* In this City, 26 such families where pre-school children have been involved, have been kept under review by the Child Care Committee. As well, there are 121 families needing special help and observation because of substantial and long lasting domestic problems.

(g) *Housing.* The health visitors made reports to the Medical Officer of Health on 179 families regarding their housing problems where medical needs appeared to be significant. 263 visits were made.

(h) *Community Mass Miniature Radiography Campaign, May/June, 1959.* The health visitors paid 350 visits to persons who had refused to be X-rayed, with a view to persuading them to change their minds : much out of office time was spent in this difficult task.

(i) *Hospital Paediatric Clinic.* Since February, 1959, a health visitor has attended Dr. Brimblecombe's Paediatric Out-patient sessions at the Royal Devon and Exeter Hospital ; in this our health visitors alternate—three months at a time—with the County health visitors and an interchange of information is arranged.

Miss Barrett reports that by "sitting in" at the clinic, observing old and new cases, observing the Consultant Paediatrician's methods of examination and treatment and noting his advice on feeding problems, she has gained much valuable experience. She prepared home background reports on children as required, in advance of their attendance at the hospital ; this was possible because the children attend the Out-patients Department by appointment. In particular, the discussions about the child-patients, at the end of the sessions, proved invaluable.

Other. Every professional duty of the health visitor has as its essential component, health education, especially for mothers : every visit they make, every consultation they give, has this as a main purpose.

The health visitors have given many talks to various organisations and attended meetings relative to their field of work (see also p. 98).

The relationship between the health visitors and the family doctors is increasingly friendly : contact with other official and voluntary agencies continues to be cordial.

HEALTH VISITORS' HOME VISITS, 1959.

TYPE OF VISIT	VISITS		Total	Ineffectual*	Grand Totals
	First	Subsequent			
Ante-natal	658	253	911	79	990
Nursing Mothers	—	35	35	2	37
Babies under 1 year	1,154	4,585	5,739	814	6,553
Babies 1-2 years	40	3,120	3,160	413	3,573
Babies 2-5 years	60	5,131	5,191	564	3,755
TOTAL	1,912	13,124	15,036	1,872	16,908
OTHER VISITS :					
Stillbirths			28		
Infant Deaths			9		
Old People			552		
After-Care			322		
Diabetes After-care			217		
Problem Families			265	514	
Housing			263		
Acute Infectious Disease			823		
School Health Visits			649		
Tuberculosis Visits etc. by T.B. HV.			1,081		
		TOTALS	4,209	514	4,723
		GRAND TOTALS	19,245	2,386	21,658

* Ineffective visits are visits made, but family not at home.

HOME NURSING.

Organisation and Staffing. These remain unchanged.

Education and Training.

Students. All the 11 Queen's student district nurses who sat the examination passed, 1 obtaining a Credit (practical). Of these, 9 remained on our staff, 1 returned to Somerset County and 1 went abroad.

Other. A Danish public health nursing administrator stayed two weeks for experience.

Transport (jointly with midwives). See page 87.

Premises. It was decided during the year to purchase 15, Howell Road, as an extension of our accommodation.

Visiting. 2,866 cases, including 2,412 new cases, were nursed during 1959 and the total number of nursing visits was 83,071. Additionally, casual visits, where no treatment was necessary, numbered 1,780. No request for nursing help at any time is ever refused. Late evening visits, usually in order to make very ill patients comfortable for the night or to administer sedatives prescribed by the doctor, numbered 1,586. Where there is no responsible person available to take charge of the drugs, the nurses take charge of them in the drug cupboard at the Home, usually at the doctor's request.

Total Care. We have attended more patients where total care has been required. Although the number of cases is small, these patients, usually elderly, require several visits each day,

and, therefore, occupy a lot of a nurse's working time. It has only been possible to care for these patients adequately at home because of :—

the Meals-on-Wheels service delivering a mid-day meal daily, including Saturdays and Sundays (on these two days it is collected from the Central Kitchen by the nurse) ;

daily home help ;

night home help, where necessary ;

linen and loans service ;

late night nursing visits.

These special cases do better with an experienced nurse appreciative of the needs of old people and with the time to give to these cases, and a knowledge of the services available. The essential thing is to allow a suitable nurse the time to help these elderly neglected people living alone.

Nursing Visits to Diabetic Persons.

It is interesting to note that whereas in 1958, the home nurses paid 20,049 visits to 115 patients suffering from diabetes, in 1959 they paid 18,039 to 124 diabetic patients. This decrease in visits is due to the fact that more diabetics, particularly those in the higher age group, are having oral tolbutamide instead of insulin.

The table below is abstracted from Table XX.

HOME NURSING DURING 1959.

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative Diseases and Senility	797	1,181	65,366	77.9
Tuberculosis	17	20	1,745	30.0
Acute Disease incldg. infectious disease	814	852	8,149	27.3
Maternity	124	126	1,283	—
Gynaecology	169	174	428	87.3
Accidents	66	70	1,034	54.2
Others	424	442	5,066	39.8
Totals	2,411	2,865	83,071	53.2
Casual visits (Not Nursing)	1,780			

The Superintendent is responsible for managing the nursing loans service, the laundry service, and, except for the financial aspects, the night home help service (see page 99).

IMMUNISATION AND VACCINATION.

The general arrangements and programme were unchanged.

The family doctors did approximately three in every four of the smallpox vaccinations and nearly two in every three of the primary immunisation courses of triple antigen, etc.

SMALLPOX VACCINATION (see Table XXI).

646 persons received primary vaccination during the year, 521 of them being infants under one year of age. This is equivalent to 46% of the live births in the City during the year. A further 43 persons were revaccinated, mainly adults who were going abroad.

One case of mild general vaccinia was reported during the year. It occurred in a young infant who made a complete and uneventful recovery.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION (see Table XXI).

Primary Immunisation. By the various immunisation courses offered, 1,121 children were given protection against diphtheria, 1,090 against whooping cough and 1,324 against tetanus. Almost all this was effected by using triple antigen, and 875 of the children were under 1 year of age (i.e. numbering 74% of the live births in the year). 246 individual children, mostly school children, completed primary courses of immunisation against tetanus alone.

Booster Doses. Boosters of triple antigen were given to 384 children when they reached the age of 18 months. Boosters for diphtheria were given to 103 children starting school and 481 at 10 years old.

Tetanus Protection. Special reference must be made to tetanus protection. This has been offered by the City Council since 1957. It is offered to babies as part of the routine immunisation programme.

During 1959, after consultations with Mr. Durbin, Consultant in Charge, Casualty Department Service of the Royal Devon and Exeter Hospital, it was agreed that all (adults and children) receiving anti-tetanus serum at the hospital (as a protection after skin wounds, etc.) should be advised to obtain active immunisation (by toxoid) from their own doctors or the Health Department. We now take more positive steps to encourage these children to secure active tetanus immunisation by circulating a letter to all known to have been treated by anti-tetanus serum at the hospital.

Also in 1959, Dr. A. Blundell Jones, the school doctor of the Maynard Girls' (non-maintained) Grammar School, consulted me about a proposal to offer active tetanus immunisation to all the girls attending: as a result, 195 Exeter girls as well as 93 living

outside the City have had the course of treatment. 51 other children have had a primary course of tetanus toxoid alone. The Council pay the usual fee for the record of immunisation of Exeter children under 15 years of age.

We should now press more actively for tetanus toxoid protection for those children not already protected in infancy and the family doctors can do a great deal in this. In time, we hope all or nearly all babies will receive protection, and in due course, their re-inforcement doses at 18 months and 5 and 10 years.

Although tetanus mortality has been declining—only 20 deaths were ascribed directly to tetanus in 1958 in England and Wales—it is a most distressing disease and substantial efforts at prevention should be made. The recognised disadvantages of giving anti-tetanus serum to wound injury cases can also be avoided in well immunised persons.

POLIOMYELITIS VACCINATION (see Tables XXII—XXV).

The poliomyelitis vaccination programme continued to have top priority during 1959. Although the response in some groups, particularly the “Young Persons,” is still below what I would like to see, we can justifiably be proud of the overall response to our efforts. All concerned—the parents, family doctors, nurses, teachers, employers—continued to give us their invaluable assistance during the year. The Exeter City Football Club announced our clinic sessions during their home matches, and a large Pharmaceutical Company provided free of charge a big quantity of posters, leaflets, etc. advocating poliomyelitis vaccination. The Council made empty premises in the very heart of the City available as our main vaccination centre.

During 1959, 6,441 persons completed a course of two injections and 13,800 had their third injections.

The position at the year end was as follows :— since vaccination was first offered (in 1956), 21,581 persons in all groups had completed a full course of three doses and a further 4,177 had had two doses. Of these, the family doctors had vaccinated 3,132 (three doses) and 3,813 (two doses only).

(a) *Children.*

16,849 children (4 out of every 5 children eligible) had had both injections, nearly all (16,167) having also had their third injections. In addition, there were 281 who had had only 1 dose, having failed to attend for further treatment despite at least two invitations.

(b) *Young Persons.*

3,175 or just under a third of the “young persons” (the 15-25 year olds) in the City had finished a complete course of 3 injections and it is believed a further, estimated, 1,800 had had

two injections; additional to these, 1,202 young persons not resident in the City had had a complete course (3 doses) at our centre. Over 1,000 more young women than young men have been vaccinated; is this because our young women are more "health conscious" or is it because our young men can't be bothered, thinking "this cannot happen to me?"; but the not unsubstantial risk of paralysis when poliomyelitis affects these "young persons" should not be overlooked.

(c) *Expectant Mothers.*

1,292 (rather less than half) of the expectant mothers had had two injections by the year end; 676 of these have had 3 injections.

The summer of 1959 was, as we all know, quite remarkable for dryness, warmth and sunshine: from recent experience we might have expected an outbreak of poliomyelitis, but we did not have a single case. We may reasonably ascribe our freedom to the vaccination programme.

LOSS OF VACCINE.

Up to the 31st December, 1959, according to our records, we had received and allocated, 76,426 units of vaccine (including 4,215 units from the Devon County Council) and we have records of 73,378 injections having been given, shewing an apparent loss of not more than approximately 4% during the period 1956-1959—a most satisfactory figure.

B.C.G. VACCINATION (see page 102 and Table XXVII).

AMBULANCE SERVICES.

(See Tables XXVI—XXVII).

The Ambulance Service continued to be administered by the St. John Ambulance Association as agents of the City Council.

Staff. The staff employed remained unchanged, viz.:—
1 Organising Secretary (Ambulance Officer), 1 head driver, 18 driver-attendants, 2 full-time and 1 part-time clerk-telephonists. The amount of time lost through sickness was 204 days.

Premises. The lighting in the garages and yard has been improved. Lockers for clothes and personal kit were provided during the summer for members of the staff. These were badly needed and have given much satisfaction.

The need for new premises is becoming more acute every year, for, apart from their inadequacy, the location of the existing Ambulance Station is the cause of much waste of time and money. All the hospitals except Redhills are on the eastern side of Fore Street, High Street and Sidwell Street, and time is lost in crossing

the main traffic stream. The numerous traffic problems both inside and beyond the City boundaries are of great significance to the Ambulance Service. It often takes as long as ten minutes for an ambulance to return to headquarters from the Royal Devon and Exeter Hospital. This besides being uneconomical, reduces the availability of manpower and full cover for emergencies. A site for a new ambulance station has been reserved at Gladstone Road.

Vehicles. One new sitting case vehicle, YFJ.966, was purchased early in December. It can carry 8 adult sitting cases in comfort or it can be quickly adapted to take two stretcher cases.

Only one car (LFJ.811) now remains in service.

The Committee decided not to introduce radio-control of vehicles.

Removals. There was little change in the total number of persons carried by the ambulance service, as compared with 1958. 787 fewer patients were carried as planned removal cases and 19,940 fewer miles travelled than in 1958. This is due mainly to continuous and increasing co-operation with Devon County Ambulance Service, making full use, whenever possible, of County ambulances returning to their stations. 175 more emergency cases were carried than in 1958. Having enjoyed two consecutive years without any epidemic, the Ambulance Service has been much relieved. There was a slight increase in the number of patients conveyed by rail. The busiest time for this class of work is during the late summer when patients who have been unfortunate enough to have an accident or serious illness at one of the Devon holiday resorts are fit to be moved from an Exeter hospital to their homes or to a hospital near their homes.

Air Transport. Two patients were transported by air from Exeter to distant hospitals during the year. They had previously been admitted to hospital in Exeter from Bideford and Tiverton hospitals. The former case was, I understand, treated administratively as a service casualty and the City Council's share in the arrangement was small; the latter was not an Exeter resident, but legally the responsibility falls on the City Council to secure transport for further medical care: in this case, the necessity was desperate and the results most satisfactory, well justifying the heavy expense involved.

Other Cases. Requests to convey handicapped children to and from school increased, resulting in an additional 2,303 child journeys involving 4,321 miles during the year. At one time it was necessary to collect as many as 15 children from as many different addresses and convey them to 9 different schools by 9 a.m. and at 4 p.m. they had to be taken home again.

Tin Lane Training Centre. There was some increase in the work undertaken in terms of numbers of persons taken to and from the Tin Lane Training Centre (748), but the extra mileage was only 444. This was due to the employment of a permanent escort by the Health Department and the adaptation of a larger old ambulance for this work which made it possible to collect all the trainees in one "lift". This service is now fairly easily arranged for although the trainees are collected from eleven different homes, they all go to the same Centre and it only involves about three man hours daily.

PREVENTION, CARE AND AFTER CARE.

(Section 28, National Health Service Act, 1946).

(i) *Health Education.*

Personal contact gives the best opportunity for health education, and the doctors, health visitors, mental welfare officers and, indeed, most of the professional workers in the department, do much of this in their ordinary work.

Talks on various health topics have been given by members of the staff to associations, such as the W.V.S., the Townswomen's Guild, Church Groups, etc. At one clinic a mothers' discussion group has met monthly, discussion subjects being chosen by the mothers. The health visitors meet and talk to the expectant mothers attending the relaxation classes. A health visitor takes part in the Homecraft Centre Courses for girls from three of our secondary modern schools, and another health visitor gives talks on physiology and hygiene to students at the Central Technical College taking the Hairdressing Course.

Health education posters on the four Council display boards are changed monthly as well as in the clinics; so far as practicable, the programme is co-ordinated with the articles written monthly by members of the staff and printed in our insert in "Better Health," so that there is a "subject for the month" within an ordered programme for the year. This year, five of the articles were based on the emotional development of children and consequent behaviour problems that may develop.

During May and June, of course, all efforts at health education were centred round the City's Community Mass Miniature Radiography Campaign which was an exercise, on the grand scale, in communication.

There would be very considerable advantage in having an officer devoted primarily to health education—a health education officer.

(ii) Student Education.

As usual, student nurses from the Nurse Training School of the Royal Devon and Exeter Hospital, were attached for field visits to the health visitors, home midwives and home nurses. Similarly, students of the Sociology and Public Administration Departments of the University came to us on a number of occasions, and were shewn the work of the Health Department. These contacts are valuable in a two way sense.

(iii) Nursing Equipment Loans.

The total number of articles of nursing equipment in stock is 1,221, including 420 sheets, pillow cases, pillows and blankets. The number of loans made, exclusive of loans of blankets, sheets and pillows in 1959, was 2,283 ; in addition, 411 items of bedding were issued (to 142 cases) ; and the use made of these is gauged best by the number of launderings involved, viz : 8,926 within the linen service.

(iv) The Laundry Service.

This began in 1953 and is mainly used for incontinent patients living alone or cared for by an elderly relative : we are grateful to the Exeter and Mid-Devon Hospitals Management Committee who launder the articles for us at a very moderate charge. During the year, 142 persons were helped and 8,926 articles were laundered (sheets 4,667, pillow cases 1,418, blankets 24, clothing, etc., 2,817)—an increase of 30% on the figure for 1958. This increase has been due to the increasing burden of total care of elderly persons in the City.

(v) Night Home Help.

89 persons were helped in this way, in 23 instances for more than fourteen nights ; most of them were very ill indeed or awaiting hospital care ; nearly half (43) were dying patients. 5 of the families helped subsequently made their own arrangements for continuing night care. As the night home helps were paid more from April, 1959, it was possible to recruit them more easily. Few requests for help have not been met.

(vi) TUBERCULOSIS, PREVENTION AND AFTER CARE.

(Chest Physician—DR. R. P. BOYD)

(See Table XXXVII).

1. NEW NOTIFICATIONS.

Year	Respiratory	Non-Respiratory	Total
1954	83	16	99
1955	74	22	96
1956	53	17	70
1957	51	10	61
1958	54	14	68
1959	72	10	82

The 72 newly notified respiratory tuberculosis patients included 2 members of H.M. Forces ; 2 University students (1 from overseas and 1 from the London Area) ; 2 Nurses ; 2 persons of no fixed address ; 1 prisoner, and 4 persons who had been living elsewhere but returned to Exeter shortly before notification ; 2 were posthumous notifications ; 2 were notified shortly before death ; 7 were old " healed " cases reactivated. 4 patients notified were later removed from notification as cases of " mistaken diagnosis."

The 10 non-respiratory cases involved :— glands of neck (4 cases) ; renal system (3 cases) ; spine (1 case) ; peritoneum (2 cases).

2. DEATHS.

There were 13 deaths of known tuberculous patients during the year, but of these 4 were from causes other than tuberculosis ; of the remaining 9 deaths 8 were attributable to respiratory tuberculosis and 1 to non-respiratory tuberculosis.

Year	DEATHS OF KNOWN TUBERCULOUS PERSONS			
	Deaths from Tuberculosis		Causes other than T.B.	Total
	Respiratory	Non- Respiratory		
1955	14	2	8	24
1956	12	4	2	18
1957	17	1	4	22
1958	7	2	9	18
1959	8	1	4	13

3. RECOVERY FROM TUBERCULOSIS.

46 respiratory cases and 5 non-respiratory cases have been taken off the Register during the year as having recovered from tuberculosis. The figures for 1958 were 34 and 8 respectively.

4. RE-ACTIVATION.

During the year, in 7 patients (all respiratory cases) who had previously been taken off the Register as recovered, the disease was found to have been re-activated.

5. NON-NOTIFICATION.

There were 2 deaths from tuberculosis of patients who were not notified during life and, as already mentioned 2 cases were notified shortly before death.

6. TRANSFERS.

54 patients were added to the Register during the year (53 respiratory and 1 non-respiratory) as "inward transfers" from other areas, while 60 patients (58 respiratory and 2 non-respiratory) were "transferred out."

7. TUBERCULOSIS REGISTER.

At 31st December 1959, the number of notified cases on the Register was as follows :—

	Respiratory	Sputum Positive during 1959	Sputum Negative during 1959	Non- Respiratory
Men	382	46	336	44
Women	324	34	290	71
Children	51	—	51	11
TOTAL : 883				

8. CONTACTS.

214 contacts were examined for the first time during the year which represents 2.5 contacts for each newly notified case. As a result of contact examinations (both first examinations and re-examinations) 16 patients were found to be suffering from active disease (12 respiratory, 4 non-respiratory).

9. CONTACT TRACING.

In my report last year p.102 para 8(c), I referred to the Mass Radiography Service assisting with investigations at two fairly large establishments. Of the five outstanding cases 1 was admitted to Whipton Isolation Hospital and has been discharged as quiescent, 2 were not tuberculous, 1 resided outside Exeter and the remaining case has repeatedly refused to attend for either x-ray or clinic appointments.

10. RADIOGRAPHY.

The two x-ray cameras at "Ivybank" continue to be fully employed. The smaller size films are used mainly for routine cases sent by private practitioners (70 patients), for the examination of adult contacts (159 patients) and superannuation examinations (16 cases). The full size films are used mainly for known cases of tuberculosis, for cases sent by private practitioners on clinical grounds (e.g. haemoptysis, bronchitis, asthma, etc.), observation cases, children and for repeat films of those in whom some abnormality is detected in the smaller films.

11. MASS RADIOGRAPHY.

The sudden death of Dr. P. Hollis, by accident, in May was a great loss to the City. Dr. G. Sheers took over, at very short notice, the organisation of the Mass Radiography during the campaign. Dr. A. R. Templeton has taken up her duties as successor to Dr. Hollis in charge of the Miniature X-ray Unit in the City.

The great effort of the year was the Community Mass X-ray Campaign during which 52,131 persons were x-rayed including 42,128 Exeter persons. 357 persons were referred for further detailed examination. 36 Exeter residents were found to be suffering from active pulmonary tuberculosis, 28 of them with positive sputum. 29 of these patients had no intention of seeking medical advice at the time of the campaign. A full account has been published separately and is obtainable from the Medical Officer of Health.

In addition 6,913 persons were x-rayed by the Unit at other times and 75 persons referred to the Chest Clinic etc. for further investigation.

University students and staff x-rayed in October (the opening of the 1959/60 academic year) numbered 420 men and 331 women—a better figure than in 1958. (The students were, at the same time, offered polio vaccination; 118 had 1st injection and 149 had 2nd or 3rd injection).

12. TUBERCULIN TESTING AND B.C.G. VACCINATION.

(a) *Contacts.*

361 tuberculin tests were carried out during the year and 177 B.C.G. Vaccinations effected by the Chest Physician (see Table XXXVII). 31 of the vaccinations were in respect of adult hospital staff at risk because of their work (nurses, pathology staff, occupational therapists, etc.).

(b) *Schoolchildren under Ministry of Health Scheme.*

As in previous years, all tuberculin testing and B.C.G. vaccinations of schoolchildren under the Ministry's scheme have been carried out by the school medical officers. The parents of 1,092 children were offered tests; 823 schoolchildren were tuberculin tested, 759 (92%) were tuberculin negative, and 751 were given B.C.G. vaccination.

In addition, 762 children B.C.G. vaccinated in 1958 were re-tested (i.e. 1 year after vaccination) of whom 674 were found tuberculin positive. Full details are set out in my School Health report.

The tuberculosis health visitor continues to follow up the families of children who were found to have a strongly positive tuberculin test when tested in this scheme. 16 of the children had a history of contact with an active case. No new cases were found.

(c) *Vaccination refusal.*

I referred last year (1958 Report, page 104, para 11(c)) to a baby whose parents refused B.C.G. Vaccination of the baby—and in whose household an open case of tuberculosis arrived. Happily this patient remained sputum negative in 1959 and the baby was B.C.G. vaccinated.

13. PATHOLOGICAL EXAMINATION.

1,971 pathological examinations were made on behalf of the Chest Clinic during the year (see Table XXXVIII). Sputum examinations, etc., continue to be carried out at the Public Health Laboratory and blood sedimentation rates, haemoglobin estimations, etc., at the Department of Pathology, Royal Devon and Exeter Hospital. The value of repeated bronchial lavages in finding tubercle bacilli was shewn during the investigation of the patients referred by the mass x-ray units during the community X-ray Campaign. We are very grateful to Dr. B. Moore and Dr. G. Stewart Smith for their continued help and assistance.

14. EXTRA NOURISHMENT.

Arrangements unchanged, 50 patients during the year were helped with extra milk.

15. HOME HELPS.

Arrangements unchanged—9 patients so helped.

16. DIVERSIONAL THERAPY.

There have been no tuberculous patients during the year who wished to undertake handicrafts at home and so qualify for the £1 grant made by the Council to the British Red Cross Society. Now that the Council have in operation a scheme for the handicapped, non-infectious persons who are permanently handicapped can be helped under the Welfare Committee's arrangements.

17. INFECTIVITY AND EMPLOYMENT OF TUBERCULOUS PATIENTS KNOWN TO BE INFECTIOUS.

80 patients during the year were known to have had a positive sputum (found either on direct smear or by culture) ; this represents 10.3% of the respiratory cases on the books ; none of the infectious cases was under 15 years of age. Of those named in the register of non-respiratory cases 5 (or 4%) were known to have been infectious ; they were adults.

At the year end, of the 80 known infectious respiratory cases 26 were negative after treatment, 42 were still positive and under treatment (either in hospital or as domiciliary patients) ; 2 prisoners remained positive (later discharged) ; 1 left the district (still positive) ; and 9 died.

18. DISPOSAL OF SPUTUM.

Arrangements unchanged.

19. WAITING TIME FOR ADMISSION TO SANATORIA.

At no time during the year has it been necessary for any patient to wait more than a few days for admission to hospital. Some, of course, wish to have a little more time to clear up their personal affairs ; none of the admissions was of an emergency nature.

There has been no delay in admission and so no waiting list in respect of Honeylands (Childrens) Hospital.

20. HOLIDAYS.

None was provided at the Council's expense.

(vii) VENEREAL DISEASE.

About half the cases attending the Royal Devon and Exeter Hospital Clinic came from the City. Contact tracing, etc., is undertaken by the hospital staff. Dr. Dunkerley (Medical Officer of the Clinic) tells me that 12 letters were written for non-attendance, resulting in 3 attending, 2 defaulting, 1 came eventually and 6 were not known at the addresses given.

VENEREAL DISEASE CLINIC—EXETER RESIDENTS.

YEAR.	New Cases of Syphilis.	New Cases of Gonorrhoea.	New Cases of Chancroid.	Examined and found not to be suffering from V.D.
1945 	30	25	—	116
1946 	53	56	—	202
1947 	31	46	—	115
1948 	17	29	—	100
1949 	9	22	—	104
1950 	15	13	—	80
1951 	9	8	—	72
1952 	7	9	—	64
1953 	8	1	—	54
1954 	12	5	—	38
1955 	7	11	—	52
1956 	5	6	—	43
1957 	1	6	—	37
1958 	2	3	—	21
1959 	1	8	—	23

The figures in the table do not suggest any increase in syphilis, but 8 cases of gonorrhoea were dealt with in the City ; nationally there is concern at the increase in gonorrhoea.

In addition to these figures, 23 (11 men and 12 females) required treatment for other conditions.

DOMESTIC HELP SERVICE.

The Domestic Help Service continued on the same lines as previously, no substantial changes being made; two thirds of the time of the service was given to persons over retirement age—either for chronic sickness or simply old age. Full details are given below.

(The Exeter Council of Social Service also runs a service of home helps for the aged).

Table XV.

DOMESTIC HELP SERVICE.

Summary of work undertaken :

			<i>No. of cases helped.</i>		<i>No. of hours worked.</i>	
			<i>Full-time.</i>	<i>Part-time.</i>	<i>Full-time.</i>	<i>Part-time.</i>
MATERNITY.						
(a)	Confinement	....	19	45	1,268	1,503
(b)	Ante-natal	....	3	13	512	473
ACUTE ILLNESS.						
(a)	Under pension age	....	1	43	20	2,014
(b)	Over pension age	....	—	6	—	843
CHRONIC SICKNESS.						
(a)	Under pension age	....	1	45	1,464	11,036
(b)	Over pension age	....	—	100	—	15,286
OLD AGE AND INFIRMITY		....	—	124	—	22,506
TUBERCULOSIS		....	—	9	—	1,545
OTHERS, INCLUDING MENTAL DEFECTIVES		....	—	7	—	364
Totals		....	24	392	3,264	55,570
			416		58,834	

MENTAL HEALTH SERVICES.

(National Health Service Act, 1946, Sections 28 and 51).

(See Tables XL—XLVII).

MENTAL HEALTH ACT, 1959.

During the year consideration was given to the changes and extensions which would be necessary in the community Mental Health Services when the Mental Health Act, (1959) became fully effective. At the end of the year only the Section allowing informal admission of patients to hospital for treatment, had been brought into effect. Proposals involving the development of a comprehensive Community Mental Health Centre, as well as a substantial phased expansion of the mental health staff, were prepared and ultimately approved by the Council early in 1960.

ADMINISTRATION.

The social worker staff includes the Senior Mental Welfare Officer, and two Mental Welfare Officers, all of whom are duly authorised officers, a name which will, in due course, be discontinued. The Psychiatric Social Worker (part-time) was appointed full time to the Education Committee's Child Guidance Clinic and had not been replaced by the year end.

Close co-operation continues with Digby/Wonford Hospital, (Dr. Lewis Couper, Medical Superintendent), with the Royal Western Counties Hospital at Starcross (Dr. D. Prentice, Medical Superintendent), and also with other local and Government services in the City. Dr. Couper and Dr. Prentice have always been most helpful to us.

COMMUNITY CARE.

This part of my report follows in many respects the form of previous reports, but with new legislation and fresh responsibilities in community care, changes in the general structure of the report are likely in the future.

The number of domiciliary visits made to and on behalf of persons suffering from mental illness, was 2,304—rather more than in 1958. We expect that in future most of the visits will be without reference to any statutory procedure, but concerned with welfare in a permissive setting. In 1959 visits to 33 men and 71 women involved no statutory action, but help in other ways. 40% of these persons were over 65 years old.

During 1959 there were 533 "admissions" of Exeter residents to mental hospitals. These concerned 219 persons: (included in "admissions" were 251 transfers from one category to another within the hospital and 63 re-admissions; in addition to these 57 admissions of persons who were temporarily staying in Exeter,

were arranged by the Mental Welfare Officers. There were 504 "discharges" (including transfers from one category to another within the hospital) and 31 deaths and the number in hospitals at the end of the year was 314, i.e. two less than at the beginning of the year.

The age distribution of the patients at the time of their first admission during 1959 is set out below ; it will be understood that they were not all new to mental hospitals :—

AGE	MALE					FEMALE					TOTAL
	Inf.	Vol.	Temp.	Cert.	S.20	Inf.	Vol.	Temp.	Cert.	S.20	
0—14	—	—	—	—	—	—	—	—	—	—	—
15—44	6	18	1	—	11	8	20	—	1	15	80
45—64	4	30	—	—	7	9	21	—	1	16	88
65 Plus	4	6	—	—	9	8	7	—	2	15	51
TOTAL	14	54	1	—	27	25	48	—	4	46	219
= 96					= 123					TOTAL = 219	

Of the 219 persons admitted to mental hospitals during the year, 132 had never previously received treatment in a mental hospital. Of the 87 who had previously been in such a hospital the periods elapsing since the previous admission were :—

						<i>Patients.</i>
Under 1 year	....	....	....	....	....	43
1 — 2 years	....	....	....	....	....	14
2 — 3 years	....	....	....	....	....	12
3 — 4 years	....	....	....	....	....	4
4 — 5 years	....	....	....	....	....	4
5 — 10 years	....	....	....	....	....	8
10 — 25 years	....	....	....	....	....	1
Over 25 years	....	....	....	....	....	1
TOTAL						87

Since present policy is to encourage as early discharge from mental hospital as can properly be achieved, it is to be expected that a proportion will return for further care within a comparatively short time ; this is no adverse reflection on the standard of hospital care, but rather it is evidence of greater enlightenment in the care of the mentally ill.

The 132 really new admissions were distributed thus :—

			Inf.	Vol.	Temp.	Cert.	S.20	Total
0—14 years.	Male	....	—	—	—	—	—	—
	Female	....	—	—	—	—	—	—
15—44 years.	Male	....	4	9	1	—	5	19
	Female	....	7	16	—	—	7	30
45—64 years.	Male	....	3	12	—	—	1	16
	Female	....	7	16	—	1	7	31
65 Plus years.	Male	....	2	3	—	—	9	14
	Female	....	6	2	—	4	10	22
TOTAL			29	58	1	5	39	132

Section 20 cases (short Orders) either are discharged or remain for treatment as Informal, Voluntary, Certified or Temporary patients. Taking these into account the proportion of patients remaining voluntarily in hospital was 96%.

The hospital psychiatric clinics continue to function at the general hospitals—four sessions weekly ; and out-patients are also seen by appointment at Digby/Wonford Hospital.

MENTAL DEFICIENCY ACTS, 1913-1938.

(1) *Ascertainment and Supervision.*

During the year 11 cases were formally ascertained (see Table XLIV) and 21 cases were informally referred from various sources. 16 of these last had previously been in mental deficiency hospitals and had been discharged from their orders but still required help and guidance ; 4 were residents in the city who were referred for special reasons, and 1 was a 2-year old admitted to hospital. 5 of this group of 21 cases attended the adult training centres. Community care of moderately severely subnormal persons will be considerably extended in the near future.

The figures for mentally subnormal persons under community supervision or hospital care in Exeter is 351 (i.e. 4.6 per 1,000 of the population, a figure which is above the average for the South Western Hospital Region). This figure includes a considerable number of patients who are now settled in regular work and satisfactory living conditions and whose names might well be deleted when the lists are revised.

At the end of the year 223 persons were under supervision and 128 were in hospital ; the Mental Welfare Officers made 1,255 domiciliary and other visits in connection with their welfare (see Tables XLII—XLV). Increased use has been made of training centres for the resettlement of many subnormal persons into work, and psychiatric out-patient treatment has been arranged where necessary.

During the year 9 Exeter patients who were in hospital were discharged from their Orders by the Board of Control, and 15 were discharged to resident situations in Exeter from other areas. All these were given friendly guidance.

Two mentally subnormal boys were temporarily admitted to Starcross Hospital to ease home circumstances (Ministry of Health Circular 5/52) and 7 (including 1 pre-school and 4 school age children), were admitted to hospitals under the new informal procedures (Ministry of Health Circular 2/58).

(2) *Guardianship.*

There were no Exeter persons under guardianship during 1959.

(3) *Junior Training Centre.*

The number attending the Children's Centre at the beginning of 1959 was 39 increasing to 41 (17 girls and 24 boys) by December 31st; two girls were re-assessed and as a result were transferred to special schools under the provisions of Section 8, Education (Miscellaneous Provisions) Act, 1948. Re-assessment is arranged whenever it seems appropriate.

The general health of the children has been good and an average attendance of 83% was maintained (79% in 1958). A few of the children attended the Orthopaedic Hospital for physiotherapy and others have received help from the Speech Therapist.

Once again the children greatly enjoyed a party kindly given by the Cheriton Bishop Women's Institute in June, and a visit to Starcross by kind invitation of Dr. Prentice, in July. The children exhibited some of their work at the Devon County Show and at the Exeter Flower Show. In December they performed a Nativity Play and also had a sale of work in the city.

(4) *Adult Training Centre for Women and Girls over 16.*

The numbers attending increased from 16 to 20 during the year. The Centre continues to carry out useful work, not only in cooking, laundering and handcraft activities, but also in helping other sections of the Health Department.

By employing an escort and using a larger ambulance vehicle the daily transport arrangements were much improved.

Joint efforts with the corresponding Centre for men included a very successful stall at the Exeter Flower Show in August, and a party at Christmas. In September Mrs. Wood (Supervisor) and Mrs. Marsh (Assistant), and some of the mothers took 12 girls for a week's holiday at Weston-Super-Mare.

(5) *Adult Training Centre for Men and Youths.*

During the year the number attending increased from 8 to 12. It was a particularly successful year ; over 200 collapsible clothes airers were made and sold, and also various repair jobs were carried out for the Health Department. Mr. Channon, the Supervisor, took 10 of the boys on a day's outing to Plymouth Navy Week at Whitsun and to Bristol Zoo in September. The Centre is now becoming crowded and its limitations in space and also in recreational amenities are becoming very manifest.

(6) *Hospital Care.*

The number of mentally subnormal persons in hospital for care or training at the end of the year was 128, a drop of 6 from 1958. The problem of the acute shortage of hospital beds for the mentally subnormal persists for certain categories, and we had four children on the waiting list at the end of the year.

The Board of Control's policy in conformity with the spirit of the Mental Health Act, is to discharge patients from their Orders so that they may remain in hospital informally and not compulsorily. So far as I know none of those discharged has elected to leave hospital, so that this policy has not imposed any additional work on our staff.

TABLES.

Table XVI.

CHILD WELFARE CLINICS.

CHILDREN ATTENDING DURING 1959.

CENTRE	Born in		1954-1957	Total	Total during 1958
	1959	1958			
Bull Meadow	210	199	209	618	562
Shakespeare Road	143	130	305	578	524
Countess Wear	51	57	110	218	190
Whipton	196	205	305	706	644
Buddle Lane	125	174	233	532	508
Totals	725	765	1,162	2,652	2,428

Table XVII.

CHILD WELFARE CLINIC ATTENDANCES DURING
1959 BY AGE GROUPS.

CENTRE	Age Groups					Total 1959	Number of sessions held	Average attendance per session	Total 1958
	Under 1	1 to 2	2 to 3	3 to 4	4 to 5				
Bull Meadow— (Central)	1,462	477	166	120	45	2,270	52	44	2,555
Shakespeare Road.....	1,600	436	326	183	118	2,663	52	51	2,692
Countess Wear	823	327	140	150	91	1,531	52	29	1,289
Bull Meadow— (Northern)	1,467	403	127	105	48	2,150	52	41	1,957
Whipton	2,042	677	297	149	96	3,261	50	65	2,992
Buddle Lane	2,033	686	352	271	281	3,623	48	75	3,843
TOTAL	9,427	3,006	1,408	978	679	15,498	306	51	15,328

TODDLERS' CLINICS

Shakespeare Road....	—	39	45	36	31	151			179
Whipton	—	39	41	33	22	135			109

HEALTH VISITORS' CONSULTATION CLINICS

Shakespeare Road....	344	175	134	112	52	817			216
Whipton	492	177	34	26	15	744			856
Buddle Lane	274	77	31	30	19	431			—
Total Attendances....	10,537	3,513	1,693	1,215	818	17,776			16,688

Table XVIII.**PROVISION FOR THE UNMARRIED MOTHER
AND HER CHILD***(Work carried out by the Social Worker).*

New Cases, 1959	....	....	....	....	83
Carried forward from 1958		....	....	....	15
					<hr/> 98
Visits made	....	....	....	....	459
Interviews at office	....	....	....	....	362

Bookings for Confinements were made as follows :—

Hospitals in Exeter	....	....	....	....	59
Hospitals outside Exeter	....	....	....	....	3
Mother and Baby Home in Exeter	....	....	....	....	15
Mother and Baby Home outside Exeter	....	....	....	....	2
Other Institutions	....	....	....	....	4
At home	....	....	....	....	9
Miscarriage (1), moved away, not booked					6

Affiliation Orders granted by Magistrates Court	....	....	....	6
Marriages to putative father	....	....	....	11

Disposition of babies born :—

With mother in own home	....	....	....	26
With mother in lodgings	....	....	....	—
In a Foster Home	....	....	....	—
With mother in Hostel	....	....	....	1
In Residential Nursery	....	....	....	10
With parents, co-habiting	....	....	....	11
Placed for adoption	....	....	....	17
Died	....	....	....	1
Stillborn	....	....	....	3
				<hr/> 69

Table XIX.

WORK OF DOMICILIARY MIDWIVES, 1959.

BOOKINGS				Total
No. of cases brought forward on 1st January, 1959	....	....	....	190
No. of cases booked during the year	....	....	....	581
No. of emergency unbooked deliveries	....	....	....	6
No. of cases found not pregnant	....	....	....	1
No. of mothers attended during confinement during the year	....	....	....	509
No. of cases of miscarriage of booked patients	....	....	....	7
No. of cases left Exeter before delivery	....	....	....	4
No. of cases admitted to hospital undelivered	....	....	....	48
No. of booked cases subsequently delivered in maternity homes	....	....	....	28
No. of cases remaining on the books on 31st December, 1959	....	....	....	180

WORK DONE				Total
Cases attended as midwives	....	....	....	239
Visits paid as midwives	....	....	....	4,863
Cases attended as maternity nurses	....	....	....	270
Visits paid as maternity nurses	....	....	....	5,617
Cases booked during the year	....	....	....	581
Ante-natal visits to patient's homes	....	....	....	2,523
No. of cases seen at ante-natal clinics	....	....	....	709
No. of attendances at ante-natal clinics	....	....	....	2,785
Medical Aid forms sent	....	....	....	—
Midwifery cases transferred to hospital	....	....	....	68
No. of health visits paid by midwives	....	....	....	849
No. of health visits paid by midwives to maternity cases	....	....	....	877

MEDICAL AID FORMS SENT IN 1959.

Reason for calling Medical Aid				By E.D.N.A.	By Hospitals, etc.
LABOUR					
Delayed 2nd stage	—	2
Ruptured perineum	—	1
Perineal tear	—	1
Episiotomy required	—	2
Foetal distress	—	3
OTHER					
Breathing difficulty	—	1
TOTAL				—	10

Table XX.
HOME NURSING DURING 1959.

New Cases Under 5	New Cases Over 65	TYPE OF CASE	SENT BY				AGE GROUP				SEX		Total Visits	RESULT				On Books
			G.P.'s	Hosp.	P.H. Dept.	Others	Total	0-1	1-5	5-15	15-65	65 and over		Deaths	Trans- . to Hosp.	Conval- escence	Removed for other causes	
—	109	<i>Degenerative Diseases :</i>																
	65	Post-stroke	117	7	—	7	157	—	—	—	26	131	60	44	41	29	11	32
	55	Carcinoma	89	22	—	2	124	—	—	—	51	73	52	62	28	9	11	14
	135	Diabetes	24	15	—	22	124	—	—	—	22	102	27	5	16	1	50	52
	25	Heart Cases	131	12	1	12	242	—	—	1	38	203	110	50	45	42	47	58
	168	Arthritis	25	7	1	2	60	—	—	—	16	44	14	10	10	2	12	26
	25	Other Chronic diseases	146	25	4	34	321	—	1	1	93	226	94	36	51	11	96	127
	25	Ulcers of Legs	28	1	1	2	51	—	—	—	10	42	10	3	10	8	7	24
	60	Simple Senility	51	4	2	4	102	—	—	—	2	100	23	8	28	—	23	43
	5	<i>Tuberculosis :</i>	10	5	2	—	20	—	—	—	14	6	6	2	5	3	6	4
5 4 — 1 2	17	<i>Infectious Disease :</i>																
	—	Influenza	41	—	1	2	47	1	4	5	20	17	16	1	1	44	1	—
	—	Measles	5	—	—	—	5	1	3	1	—	—	4	—	—	5	—	—
	—	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	20	Others	2	—	—	—	3	2	—	—	1	—	2	—	—	1	1	1
	—	Pneumonia	50	—	—	—	51	1	2	7	21	20	27	5	6	35	5	—
	68	Other acute chest condi- tions	149	1	—	5	164	7	8	3	74	72	75	4	19	123	9	9
	1	Tonsillitis	53	—	1	—	55	4	4	3	43	1	22	—	—	53	—	2
	108	Other acute infections	408	8	4	22	460	29	30	32	250	119	144	10	27	296	111	16
	4	Ear Infections	60	1	—	1	67	3	18	25	17	4	41	—	1	61	1	4
113	865	Carried Forward	1,389	108	17	115	2,053	48	70	78	698	1,160	727	240	288	723	391	412

Continued on next page.

Table XX.
HOME NURSING DURING 1959—Continued.

[illegible]

Table XXI.
IMMUNISATION AND VACCINATION DURING 1959.
SMALLPOX VACCINATION.

Primary vaccinations	646	{ By general practitioners	469
		{ At clinics	177
Revaccinations	43	{ By general practitioners	40
		{ At clinics	3

AGE GROUPS OF PERSONS VACCINATED DURING 1959.

	Under 1	1 +	2 to 4	5 to 14	15 and over	Totals
Primary	521	57	33	13	22	646
Re-vaccinations	—	—	—	5	38	43

DIPHTHERIA IMMUNISATION.

Primary Courses of Immunisation	1,121	{ By private practitioners	711
		{ At clinics	410
(These include 45 courses diphtheria alone antigen, 8 combined diphtheria-whooping cough immunisation courses and 1,078 triple antigen courses—see below).			
Re-inforcement Injection	1,468	{ By private practitioners	509
		{ At clinics	959

PRIMARY IMMUNISATION AGAINST DIPHTHERIA,
BY AGE, DURING 1959.

(Including 8 children who have had combined whooping cough-diphtheria immunisation and 1,078 triple antigen).

AGE AT IMMUNISATION	Under 1	1 +	2	3	4	5-9	10-14	Total under 15
Number Immunised, by end of 1959	875	80	58	23	14	51	18	1,121

DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31st December, 1959, who had completed a course of immunisation against Diphtheria at any time before that date (i.e. at any time since 1st January, 1945).

AGE AT 31.12.59.	Under 1	1—4	5—9	10—14	Total under 15
I.E.—BORN IN YEAR :	1959	1955—1958	1950—1954	1945—1949	
Last complete course of injections (whether primary or booster)					
A. 1955—1959	420	3,211	3,288	2,673	9,592
B. 1954 or earlier*	—	—	1,320	3,197	4,517
C. Estimated mid-year child population (1959)	1,160	4,240	12,100		17,500
“ Immunity Index ” $\left(\frac{A}{B}\right)$	35.3	75.07	49.2		54.8

*I doubt if this section is accurate ; it has not been possible to keep close check of removals of war-time evacuees from the City.
No case of diphtheria occurred in Exeter in 1959, and the last confirmed case occurred in 1948.

WHOOPIING COUGH IMMUNISATION.

Completed courses of Whooping cough Immunisation	4	}	By private practitioners	3
			At clinics	1
Completed courses of combined Whooping cough-Diphtheria Immunisation	8	}	By private practitioners	8
			By clinics	—
Completed courses of Triple Antigen	1078			

IMMUNISATION AGAINST WHOOPING COUGH BY AGE, DURING 1959.

AGE AT IMMUNISATION	Under 1	1	2	3	4	5—9	Total under 15
Number immunised by end of 1959	874	79	57	22	16	42	1,090

Table XXII.

POLIOMYELITIS VACCINATIONS REGISTRATIONS OF CHILDREN.

AGE GROUP				No. Eligible (Estimated)	No. of Registrations Received	Percentage
Children born	1943-46	....	....	5,600	4,717	84%
„	„	1947-54	....	9,260	8,298	90%
„	„	1955	....	1,090	984	90%
„	„	1956	....	1,080	947	88%
„	„	1957	....	1,050	917	87%
„	„	1958	....	1,050	741	70%
„	„	1.1.59 to 30.6.59	....	550	200	36%
TOTAL				19,680	*16,804	85%

*Additionally, we have 589 registrations for children who have failed to keep appointments (at least 3 offered) or have left the district.

Table XXIII.
POLIOMYELITIS VACCINATIONS

GROUP	GIVEN TWO INJECTIONS			GIVEN THIRD INJECTION		
	During 1959	Prior to 1959	Total	During 1959	Prior to 1959	Total
CHILDREN (Over 6 months and under 15 years)	2,150	14,699	16,849	8,432	7,735	16,167
YOUNG PERSONS (Born 1942—1933)	3,424	3,417	6,841	4,377	—	4,377
EXPECTANT MOTHERS	668	624	1,292	671	5	676
FAMILY DOCTORS AND THEIR HOUSEHOLD	7	51	58	35	15	50
AMBULANCE STAFF AND THEIR FAMILIES	—	22	22	3	19	22
HOSPITAL STAFF AND THEIR FAMILIES	192	504	696	282	7	289
TOTAL	6,441	19,317	25,758	13,800	7,781	21,581

Table XXIV.
DOMICILE OF YOUNG PERSONS GIVEN 3RD POLIO-
MYELITIS VACCINE INJECTION DURING 1959

GROUP	Men	Women	Total
EXETER RESIDENTS :	1,203	1,972	3,175 (72.5%)
NOT EXETER RESIDENTS : Either working or being educated in Exeter but resident in Devon Admin. County	217	503	720
Neither working nor being educated in Exeter but resident in Devon Admin. County	34	20	54
Either working or being educated in Exeter but resident outside Devon Admin. County	184	243	427
Neither working nor being educated in Exeter but resident outside Devon	—	1	1
TOTAL	1,638	2,739	4,377

Table XXV.
POLIOMYELITIS VACCINATIONS DURING 1959
BY (a) Health Department, (b) Family Doctors, (c) At Hospitals.
Classified according to Groups vaccinated.

	CHILDREN		EXPECTANT MOTHERS		YOUNG PERSONS		OTHER PRIORITY GROUPS		TOTAL		GRAND TOTAL
	Given 2 injs.	Given 3 injs.	Given 2 injs.	Given 3 injs.	Given 2 injs.	Given 3 injs.	Given 2 injs.	Given 3 injs.	Given 2 injs.	Given 3 injs.	
By our doctors	1,146	6,523	112	265	2,496	3,871	10	15	3,764	10,674	14,438 (71%)
By family doctors	1,004	1,909	556	406	928	506	3	35	2,491	2,856	5,347 (27%)
At hospitals	---	---	---	---	---	---	186	270	186	270	456 (2%)
TOTAL	2 150	8,432	668	671	3,424	4,377	199	320	6,441	13,800	20,241

Table XXVI.
AMBULANCE SERVICE.
Classified Summary of Work from 1/1/59 to 31/12/59.

Item	CLASSIFICATION	AMBULANCES		SITTING CARS	
		Cases	Miles	Cases	Miles
1	Accidents	549	1,788	211	687
2	Acute Illness and Other emergencies	648	2,661	415	1,885
3	Removals to and from Hospital	3,775	21,603	3,998	17,147
4	Administrative and Abortive Journeys	375	1,634	584	1,377
5	Exeter Infectious Disease Cases	684	3,618	2	17
6	Devon Infectious Disease Cases	234	5,065	—	—
7	Removals for Devon County Council	1,310	26,844	832	12,191
8	Removals for Other Local Authorities	74	1,598	171	2,984
9	School Children to and from School	1,131	2,513	3,114	7,812
10	Tin Lane Training Centre	3,762	4,755	973	1,747
	TOTALS	12,542	72,079	10,300	45,847

Items 6 and 7—Chargeable to Devon County Council.
8—Chargeable to Other Local Authorities.
9—Chargeable to Exeter Education Authority.
10—Chargeable to Health Services Committee.

Table XXVII.
AMBULANCE SERVICE.
Monthly Summary of Work, 1959.

1959 MONTH	AMBULANCES		SITTING CASE CARS		TRAINS	
	Patients	Miles	Patients	Miles	Patients	Miles
January	706	5,926	469	2,947	9	1,212
February	573	5,135	468	2,482	10	1,629
March	619	5,330	447	3,099	16	2,155
April	621	5,870	531	3,032	20	2,855
May	674	5,598	485	2,980	14	1,975
June	522	4,848	448	2,862	18	2,784
July	620	5,402	392	2,473	29	4,053
August	505	5,133	433	2,557	34	5,730
September	620	4,848	522	3,223	18	2,717
October	672	4,738	428	2,870	13	2,173
November	515	5,574	534	3,432	14	1,968
December	627	4,775	472	2,954	18	2,439
TOTALS	7,274	63,177	5,629	34,911	213	31,690

The above Summary does NOT include the number of cases, journeys, and mileage involved in carrying out the work shown below :—

- 1. Administrative and abortive journeys.
- 2. Conveyance of physically handicapped school children to and from school.
- 3. Conveyance of women to and from TIN LANE Occupational Centre.

Table XXVIII.

TUBERCULOSIS STATISTICS FOR THE CITY.

1	Total cases on Register, 1st January, 1959 :	Pulmonary Non-Pulmonary	<i>Totals</i>	
			749 125	874
2	Total new notifications received after deduction of duplicates :	Pulmonary Non-Pulmonary	72 10	82
3	Inward Transfers :	Pulmonary Non-Pulmonary	52 1	53
4	Deaths during the year from Tuberculosis :	Pulmonary Non-Pulmonary	7 2	9
5	Deaths during the year of Tuberculous patients from other causes :	Pulmonary Non-Pulmonary	3 1	4
6	Outward Transfers :	Pulmonary Non-Pulmonary	58 2	60
7	Number of cases removed from Register as " Recovered " or " Mistaken Diagnosis " :	Pulmonary Non-Pulmonary	46 5	51
8	Taken off the Register under the ' Public Health (Tuberculosis) Regulations, 1930 ' :	Pulmonary Non-Pulmonary	3 —	3
9	Total cases on Register, 31st December, 1959 :	Pulmonary Non-Pulmonary	757 126	883

Table XXIX.

MASS MINIATURE RADIOGRAPHY SURVEYS.

Year	Examined	Referred
1955	13,759	101
1956	15,424	93
1957	12,902	69
1958	10,586	73
1959	59,044*	421†

*Includes 52,131 persons X-rayed during the Campaign.

†Includes 357 persons referred during the Campaign.

TOTAL FILMS TAKEN IN EXETER BY
M.M.R. UNIT.

From 1st January to 31st December, 1959.

DATE	LOCATION	MINIATURES			LARGE FILMS		
		Male	Female	Total	M.	F.	Total
Jan. 1	Trinity Green Car Park	50	49	99	8	1	9
Feb. 12-16	Dix's Field Car Park	315	126	441	9	8	17
Mar. 23	Dix's Field Car Park*	165	111	276	—	—	—
Apl. 15-16	Dix's Field Car Park*	121	58	179	—	—	—
APL. 25— JUNE 27	EXETER CAMPAIGN	—	—	52,131†	—	—	1,393
July 29-31	Exeter Prison	205	8	213	3	—	3
Aug. 4-10	Dix's Field Car Park	91	82	173	3	2	5
Sept. 9-10	Congregational Church Hall ...	92	63	155	3	2	5
Oct. 8-14	Exeter University	420	331	751	2	4	6
Oct. 12-14	Dix's Field Car Park*	71	50	121	—	—	—
Nov. 17-20	Dix's Field Car Park	73	86	159	2	1	3
Dec. 8-11	Dix's Field Car Park	89	56	145	—	—	—
TOTAL		1,692	1,020	54,843	30	18	1,441

* 100 mm. Unit. 59,044

† Of this number, 1,003 persons lived outside Exeter City Boundary.

Table XXX.

CASES EXAMINED AT CHEST CLINIC DURING 1959
REFERRED BY THE MASS RADIOGRAPHY UNIT.

	AGE IN YEARS							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male	1	6	33	38	11	54	75	218
Female	—	16	29	39	21	45	53	203
TOTALS	1	22	62	77	32	99	128	421

Details of cases referred by M.M.R. Unit:—

	AGE IN YEARS							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
(1) Already known to Chest Clinic as cases of Tuberculosis.								
M.	—	—	3	4	1	4	2	14
F.	—	2	4	6	—	3	3	18
(2) Already known to Chest Clinic as Observation cases or Contacts.								
M.	—	—	—	—	—	2	2	4
F.	—	—	1	1	1	2	—	5
(3) Failed to keep appointments at Chest Clinic.								
M.	—	—	—	—	—	2	—	2
F.	—	—	—	—	—	—	4	4
(4) Transferred to other Clinics for investigation.								
M.	—	1	7	7	3	9	4	31
F.	—	2	2	8	2	2	3	19
(5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease)								
M.	—	—	6	6	4	8	18	42
F.	—	2	5	10	7	9	15	48
(6) Taken off Books — Chest conditions other than T.B.								
M.	1	4	8	12	2	14	29	70
F.	—	5	8	7	5	15	18	58
(7) Newly diagnosed as suffering from active Pulmonary T.B.								
Male-Sputum Positive	—	1	2	2	—	4	5	14
Female-Sputum Positive	—	4	2	2	4	1	4	17
Male-Sputum Negative	—	—	—	—	—	—	1	1
Female-Sputum Negative	—	—	—	1	—	—	—	1
(8) Remaining under Observation at 1-1.59.								
M.	—	—	7	7	1	10	13	38
F.	—	1	7	4	2	10	6	30
Private Cases (<i>see below</i>)	—	—	—	—	—	4	1	5
TOTALS	1	22	62	77	32	99	128	421
(9) Disposal of New Cases diagnosed (<i>see</i> (7) above).								
(a) Sanatorium treatment.								
M.	—	1	2	2	—	4	4	13
F.	—	4	2	1	3	1	4	15
(b) Clinic Supervision.								
M.	—	—	—	—	—	—	2	2
F.	—	—	—	2	1	—	—	3
(10) Private Cases								
M.	—	—	—	—	—	1	1	2
F.	—	—	—	—	—	3	—	3

Table XXXI.

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1959)..

AGE GROUP.	RESPIRA-TORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal	Meninges	Lupus, Mastoid
MALE								
0-5	—	1	—	—	—	—	—	—
5-15	18	13	1	—	—	—	2	—
15-25	56	5	—	2	4	1	2	—
25-35	97	3	3	1	2	—	—	—
35-45	73	2	3	1	2	—	—	—
45-65	121	3	3	4	3	—	1	—
65 & Over	29	—	—	—	—	1	—	—
Total Male	394	27	10	8	11	2	5	—
FEMALE								
0-5	3	1	—	—	1	—	—	—
5-15	14	1	2	—	4	—	2	—
15-25	52	8	—	1	—	—	1	1
25-35	109	6	2	2	8	—	1	—
35-45	90	4	4	1	5	—	—	—
45-65	62	5	7	2	7	1	—	—
65 & Over	14	2	1	—	1	—	—	—
Total Female	344	27	16	6	26	1	4	1

GRAND TOTAL, MALE AND FEMALE = 883.

Table XXXII.

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 5 YEARS.

Year	DEATHS.			DEATH RATE.			DEATHS OF CHILDREN UNDER 5.
	Pulmon-ary	Non-Pulmon-ary	Total	PER 1,000 POPULATION			
				Pulmon-ary	Non-Pulmon-ary	Total	
1955	12	2	14	0.16	0.03	0.19	—
1956	12	4	16	0.16	0.05	0.21	—
1957	17	1	18	0.23	0.01	0.24	—
1958	7	2	9	0.08	0.04	0.12	—
1959	8	1	9	0.103	0.013	0.116	—

Table XXXIII.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1959
ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION			Pulmonary.		Non-Pulmonary.	
			Male.	Female.	Male.	Female.
0—	....	....	—	—	—	—
1—	....	....	—	—	—	—
2—	....	....	—	—	—	—
5—	—	2	1	—
10—	—	—	—	—
15—	—	1	—	1
20—	3	5	—	—
25—	3	7	—	3
35—	4	7	—	1
45—	8	4	—	1
55—	1+11	6	3	—
65—	1+7	—	—	—
75 and over	—	2	—	—
Totals			2+36	34	4	6

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Table XXXIV.

DEATHS FROM TUBERCULOSIS DURING 1959,
ARRANGED ACCORDING TO AGE.

AGE AT DEATH.			Pulmonary.		Non-Pulmonary.	
			Male.	Female.	Male.	Female.
0—	—	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	—	—	—
10—	—	—	—	—
15—	—	—	—	—
20—	—	—	—	—
25—	—	1	—	—
35—	1	—	—	—
45—	—	1	—	—
55—	2	1	1	—
65—	1	—	—	—
75 and over	—	1	—	—
Totals			4	4	1	—

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Table XXXV.SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC,
1955-1959.

	1955	1956	1957	1958	1959
1. Number of new cases diagnosed as suffering from active Tuberculosis	96	70	61	68	82
2. Number of patients examined for the first time during the year	1,316	1,248	1,207	980	1,324
3. Number of patients re-examined during the year	1,814	1,644	1,954	1,924	1,738
4. Number of contacts examined for the first time during the year : Large films Miniature films	173 } 359 186 }	177 } 320 143 }	130 } 303 173 }	154 } 279 125 }	125 } 214 89 }
5. Number of contacts re-examined during the year : Large films Miniature films	146 } 283 137 }	156 } 316 160 }	167 } 323 156 }	175 } 323 148 }	200 } 270 70 }
6. Number of Inward Transfers during the year	92	86	92	76	54
7. Number of B.C.G. Vaccinations carried out during the year : Clinic Cases 13-year old schoolchildren under Ministry Scheme	175 —	149 —	119 —	136 —	177 —
8. Number of X-ray films taken during the year Large films Miniature films	2,308 562	2,333 588	2,275 613	2,245 477	2,313 245
9. Number of Screenings made during the year	859	1,077	804	373	146
10. Number of Refills given during the year	860	957	742	326	70
11. Number of Pathological Examinations made during the year	2,088	1,732	1,811	1,060	1,971

Table XXXVI.

EXAMINATION OF CONTACTS—AGE GROUPS in 1959.

		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	TOTAL
Number of Contacts examined during the year by Large Films and clinical examination	New	60	25	10	4	2	6	4	111
	Old	101	30	21	20	10	9	9	200
Number of Contacts examined during the year by Miniature Films	New	—	14	11	7	5	6	15	58
	Old	—	17	12	9	4	2	15	59
Number of Contacts found to be suffering from active Pulmonary Tuberculosis.									
Pulmonary :	Positive sputum	—	—	1	3	—	1	2	7
	Negative sputum	2	2	—	—	—	1	—	5
Non-Pulmonary :		1	—	1	1	—	1	1	5

AGE GROUPS, ETC.	Contacts of known cases of Tuberculosis	Sent by School Medical Officers	Sent by Family Doctors	Chest Clinic Cases	Seen as a result of Special Surveys	Sent by other Clinics	RESULTS		Given B.C.G. Vaccination	Post B.C.G. Tests
							Positive	Negative		
0—1	45	—	3	—	—	—	—	48	42	19
1—2	16	—	4	—	—	2	—	22	9	5
2—3	20	—	4	—	—	1	2	23	11	5
3—4	9	—	2	—	—	—	1	10	11	—
4—5	15	—	5	—	—	—	—	20	6	6
5—6	17	—	4	—	—	1	1	21	10	—
6—7	8	—	4	—	—	—	—	12	12	—
7—8	11	4	—	—	—	1	1	15	8	2
8—9	10	1	5	—	—	—	1	15	6	1
9—10	10	1	3	—	—	—	1	13	6	—
10—11	12	5	—	—	—	—	3	14	3	2
11—12	11	3	—	—	—	—	4	10	5	—
12—13	9	2	1	—	—	—	3	9	4	4
13—14	3	2	1	—	—	—	1	5	8	—
14—15	2	4	2	—	—	—	2	6	5	—
Senior School Children	1	1	1	—	—	—	3	—	—	1
Nurses and Hospital Staff	29	—	—	—	—	—	9	20	16	9
Occupational Therapists	22	—	—	—	—	—	8	14	15	8
University Students	—	—	1	—	—	—	1	—	—	—
Others	8	—	10	5	20	—	21	22	—	5
TOTALS	258	23	50	5	20	5	62	299	177	67

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Table XXXVIII.

PATHOLOGICAL EXAMINATIONS.

The following Examinations were carried out for the Chest Clinic during the year.

NATURE OF SPECIMEN OR EXAMINATION	RESULTS			
	Tubercle Bacilli discovered	Tubercle Bacilli not found	Others	Totals
SPUTUM : Direct Smear	50	646	—	696
Culture	81	472	—	553
Preparation for Malignant Cells	—	—	12	12
Specimens obtained by Direct Culture	—	202	—	202
Bronchial Lavage :	15	174	—	391
Tests for Pregnancy	—	—	—	—
URINE : Direct smear	—	7	—	7
Culture	—	7	—	14
Throat and Nose Swabs	—	—	35	35
Blood Urea	—	—	16	16
Sedimentation Rates (Wintrobe Technique)	—	—	126	126
Haemoglobin Estimations	—	—	128	128
GRAND TOTAL				1,971

Table XXXIX.

HOME VISITS.

During the year 1,237 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a)	Primary visits to New Patients	46
(b)	Primary visits to New Contacts	66
(c)	Repeat visits to Patients	181
(d)	After-care visits	208
(e)	Visits for carrying out Tuberculin Tests at home	293
(f)	Other visits	285
(g)	Ineffective visits	158

The Chest Physician (Dr. R. P. Boyd) made 84 Home Visits for the examination of patients, almost without exception to patients who were too ill to attend the Chest Clinic.

MENTAL HEALTH SERVICES.**Table XL**

Table showing admission of Exeter residents* suffering from mental illness to hospitals during 1959, through the Mental Welfare Officers :—

<i>Health Service Class.</i>				<i>Male</i>	<i>Female</i>	<i>Total</i>
(1)	Informal	....	....	48	128	176
(2)	Voluntary	....	....	106	135	241
(3)	Temporary	....	....	1	—	1
(4)	Section 20	....	....	36	62	98
(5)	Section 21(1)	....	....	—	—	—
(6)	Certified	....	....	5	12	17
TOTALS				196	337	533

The 98 persons admitted under Section 20 subsequently became :—

<i>Type of Patient.</i>				<i>Male</i>	<i>Female</i>	<i>Total</i>
(1)	Extended under Section 21(a)			22	52	74
(2)	Voluntary	....	....	8	7	15
(3)	Certified	....	....	2	3	5
(4)	Discharged	....	....	3	—	3
(5)	Remaining under Section 20			1	—	1
TOTALS				36	62	98

The 74 Section 21A cases subsequently became :—

<i>Type of Patient.</i>				<i>Male</i>	<i>Female</i>	<i>Total</i>
(1)	Informal	....	....	5	3	8
(2)	Voluntary	....	....	15	36	51
(3)	Certified ....	....	....	2	1	3
(4)	Discharged	....	....	1	7	8
(5)	Died	....	....	—	1	1
(6)	Remaining under 21A		....	—	3	3
TOTALS				23	51	74

“ Section 21A cases ” refers to patients admitted under a 3-day or 14-day order who subsequently are kept in hospital for a further period, up to 14 days, on the order of the hospital doctor.

*Additionally 57 non-Exeter residents (28 men, 29 women) were admitted to hospital through the agency of the Mental Welfare Workers: 25 (11 men and 14 women) were on Section 20 Orders, 22 (12 men and 10 women) as Voluntary patients, 6 (3 men and 3 women) certified, 1 woman on Urgency Order, and 3 (2 men and 1 woman) informally. These patients were all temporarily in the City, e.g., on holiday, or in hospital. (See also footnote to Table XLI).

Table XLI.

SHOWING ADMISSIONS, DISCHARGES AND DEATHS OF EXETER RESIDENTS SUFFERING FROM MENTAL ILLNESS DURING THE YEAR 1959, AND THE NATURE OF THE LEGAL CLASSIFICATION OF THE PATIENTS.

Some patients have been admitted and/or discharged more than once during the year and each admission/discharge has been counted in this Table.

AGE GROUP AND SEX	STATE AT 31ST DECEMBER, 1958		ADMITTED		DISCHARGED		DIED		STATE AT 31ST DECEMBER, 1959	
	Inf.	Vol. Temp. Cert. 20	Sec. 20	Inf.	Vol. Temp. Cert. 20	Sec. 20	Inf.	Vol. Temp. Cert. 20	Inf.	Vol. Temp. Cert. 20
0—14 years :	Male	2	—	—	—	—	—	—	—	1
	Female	—	—	—	—	—	—	—	—	—
15—44 years :	Male	19	—	24	—	—	—	—	8	19
	Female	13	—	17	—	15	—	—	21	7
45—64 years :	Male	20	—	35	—	23	—	—	21	—
	Female	22	—	53	—	8	2	—	31	5
65 plus :	Male	17	—	22	—	20	—	—	41	20
	Female	16	—	56	—	8	2	—	10	24
TOTAL	....	109	—	207	—	93	7	1	46	28
GRAND TOTAL	....	316	533	176	241	179	13	1	147	130
									31	314

Informal cases—those admitted without formality.
Section 20 cases—those where emergency requires immediate admission without a Justice's Order—3-day Order.
Voluntary—cases admitted on the patient's own application.
Temporary—cases admitted, on a temporary basis, where patient has no volition.
2 medical recommendations required.
Certified—cases certified as of unsound mind—Justice's Order and Doctor's certificate.

This and the preceding table are comparable with those in the Report for 1958, but not in previous Reports. (See the Report for 1958, page 135).

Table XLII.**PSYCHIATRIC SOCIAL WORKER'S DOMICILIARY VISITS IN 1959.**

	Men	Women	Children	Totals
(1) Visits	11	87	46	144
(2) Persons visited	1	17	18	36

In addition, 109 visits were made to the Psychiatric O.P. Clinic and routine visits to Schools and Infant Welfare Centres.

Table XLIII.**MENTAL HEALTH WORKERS' DOMICILIARY VISITS TO MENTALLY ILL.**

TYPE OF VISIT	Male	Female	Total
(1) Upon discharge from hospital or H.M. Forces	226	274	500
(2) Prior to and after removal of patient to hospital	389	561	950
(3) Miscellaneous visits on behalf of (2) above and follow up	249	184	433
(4) Visits in which no statutory action was necessary (sometimes O.P. attendances were arranged)	50	94	144
(5) Special visits and removals to O.P. Clinics	125	152	277
TOTALS	1,039	1,265	2,304

Table XLIV.**ASCERTAINMENT OF MENTAL DEFECTIVES DURING 1959 :**

HOW REPORTED	Male	Female	Total
(1) By Local Education Authority under Section 57(3) of Education Act, 1944	—	—	—
(2) By Local Education Authority under Section 57(5) of Education Act, 1944	2	7	9
(3) Through Police and Magistrates' Court	1	1	2
(4) Other sources	—	—	—
TOTALS	3	8	11

DISPOSAL OF THE 8 CASES " ASCERTAINED " DURING 1959 :

HOW DEALT WITH	Male	Female	Total
(1) Placed under Statutory Supervision	2	7	9*
(2) Admitted to Institutions	1	1	2
TOTALS	3	8	11

*2 children were de-certified under the provisions of Section 8, Education (Miscellaneous Provisions) Act, 1948, and went to school.

At the end of the year there were 4 cases (4 boys) awaiting admission to hospital.

Table XLV.

**MENTAL HEALTH WORKERS' DOMICILIARY VISITS TO
MENTALLY SUBNORMAL PERSONS DURING 1959 :**

<i>Type of Case and reason for visit.</i>	<i>Visits to children under 16 years of age.</i>		<i>Visits to Persons over 16 years of age.</i>		<i>Total.</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Voluntary Supervision	10	15	75	116	216
Statutory Supervision	52	49	179	164	444
Guardianship	—	—	—	—	—
Review Reports	—	—	24	21	45
Licence and Holiday Reports	—	—	4	2	6
TOTALS	62	64	282	303	711

In addition to these 711 visits made to mentally subnormal patients in the community, 544 visits were made to the occupation and training centres, and various organisations such as the Courts, National Assistance Board offices, Ministry of Labour and employers on behalf of these patients in the community.

Table XLVI.

**MENTALLY SUBNORMAL PATIENTS UNDER SUPERVISION
ON 31ST DECEMBER, 1959 :**

<i>AGE GROUP.</i>	<i>STATUTORY SUPERVISION.</i>			<i>VOLUNTARY SUPERVISION.</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 16 years	20	44	64	5	1	6
Over 16 years	19	57	76	42	35	77
TOTALS	39	101	140	47	36	83

Table XLVII.

**SEVERELY MENTALLY SUBNORMAL PATIENTS FROM EXETER
IN HOSPITALS AT 31ST DECEMBER, 1959 :**

<i>NAME OF HOSPITAL.</i>	<i>MALE.</i>		<i>FEMALE.</i>		<i>TOTAL.</i>	
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>
Royal Western Counties	4	63	2	36	6	99
Other Hospitals	7	5	—	5	7	10
Rampton Hospital	—	3	—	3	—	6
TOTALS	11	71	2	44	13	115

